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#### Department of Health and Family Services 2001-2003 Biennial Budget Statutory Language Request September 12, 2000

Title: Chapters 50 and 51 Statutory Changes

#### **Current Language**

Certain health care and long term care providers are governed by Chapters 50 and 51 of the state statutes.

#### **Proposed Change**

- 1. Amend Chapter 50 to give the Department the authority to require existing nursing homes, community based residential facilities (CBRFs), and hospices that are in substantial non-compliance with state or federal requirements (as defined by the Department) to demonstrate that they are "fit and qualified" to continue operation.
  - 2. Amend Chapters 50 and 51 to provide the Department the authority to take enforcement measures for all Chapter 50 providers and for treatment facilities under s. 51.04 that the Department can under current law for CBRFs under s. 50.03(5g).
  - 3. Provide the Department the authority to levy forfeitures against all Chapter 50 providers and treatment facilities under s. 51.04. Set the maximum amount at \$5,000 per violation per day, except for nursing homes. Maintain current forfeiture maximums for nursing homes.
- 4. Require home health agencies to follow procedures prior to closing equivalent to those for nursing homes under s. 50.03(14).
  - 5. Delete all references to provisional licenses in Chapter 50. Provide the Department the authority to issue conditional licenses, approvals, or certifications for all Chapter 50 providers and for treatment facilities under s. 51.04.

### Background and Rationale for the Change

1. Fit and qualified requirements. Under current law, nursing homes (under s.50.03(4)(a)1.a.), CBRFs (under s. 50.03(4)(a)1.b.), and hospices (under s. 50.92(2)) are required to demonstrate that they are "fit and qualified" before they are licensed. DHFS administrative rules for nursing homes state that in determining if a home is fit and qualified, the Department can consider, among other things, the applicant's enforcement and compliance

record in operating other residential or health care facilities, conviction for certain crimes, and financial failures that resulted in the bankruptcy or closing of other facilities. CBRF and hospice administrative rules contain similar provisions. Current law allows the Department to reject initial license applications for failure to meet the fit and qualified standards, but does not allow DHFS to require licensed facilities to demonstrate that they are fit and qualified on an ongoing basis. DHFS requests authority to require nursing homes, CBRFs, and hospices that are in substantial non compliance with state or federal requirements to demonstrate that they continue to be fit and qualified to operate. "Substantial non compliance" would be defined by the Department. These changes will strengthen the Department's ability to request financial information, from an existing provider if it suspects that the provider is experiencing financial difficulties and to require them to take steps to improve their financial situation. Through these methods, DHFS can reduce the number of providers that close for financial reasons or at minimum give the state more forewarning that they will close.

- 2. Enforcement measures. Department enforcement powers vary among provider types. For nursing homes and CBRFs, the Department may deny, suspend, or revoke licenses, issue forfeitures, require plans of correction, impose monitors and receiverships, and deny new admissions. For registered RCACs and certified AODA and mental health providers, the only action that the Department can take in response to non compliance is revocation of the certification or registration. For hospitals and home health agencies, the Department may issue injunctions in addition to revoking or suspending the license or approval. (The Department may assess forfeitures against hospitals and RCACs in limited cases.) The Department can assess forfeitures, issue injunctions against, and revoke or suspend the licenses of hospices. Without "intermediate" sanctions, the Department is faced with either taking the drastic step of putting the provider out of business, with the resulting disruption of care to residents and clients, or allowing the noncompliance to continue. The Department therefore requests authority to take enforcement actions against all Chapter 50 providers and treatment facilities under s. 51.04 equivalent to those that can be taken against CBRFs under 50.03(5g):
  - order an unlicensed provider to cease operation
  - order the provider to terminate any employee who operated a facility after that facility's license had been revoked
  - order the provider to stop violation of any licensure rules and to submit and comply with a plan of correction
  - bar the provider from accepting new admissions until violations are corrected
  - order the provider to provide training to staff
  - levy forfeitures
  - revoke or suspend the provider's license
- 3. Forfeitures. For those Chapters 50 and 51 providers that the Department currently has the authority to levy forfeitures against, the maximum forfeiture amount varies. For CBRFs, the maximum amount is \$1,000 for each day of violation, for hospices, \$200, for rural medical centers, \$500, for nursing homes, \$10,000. The Department may not levy forfeitures (except under certain circumstances) against certified AODA and mental health providers, hospitals, home health agencies, RCACs, and adult family homes. The Department requests authority to

in what amount?

1) levy forfeitures on all Chapter 50 providers and treatment facilities under s. 51.04 and 2) raise the maximum forfeiture amount to \$5,000 for each day of violation for every facility except nursing homes. With these changes, the Department would be able to use the tool of forfeitures with all providers to improve compliance with licensing rules and could levy forfeitures at amounts that would motivate providers to modify their performance. Large corporations are, in increasing numbers, operating adult family homes, CBRFs, home health agencies, and RCACs, and current forfeiture amounts are often not large enough to provide a sufficient deterrent for these entities.

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4. Home health agency closings. S. 50.03(14) requires nursing homes to follow specific procedures when it decides to close, change type or level of services, or means of reimbursement accepted or to relocate 5% of its residents. In principle part, the subsection requires homes to notify the residents 30 days prior to relocation, submit a relocation plan to the Department for approval, to not begin relocations before the plan has been approved, and to delay closing until 90 or 120 days (depending on the number of residents) after approval of the relocation plan. Other Chapter 50 and 51 provider types are not required to follow these procedures. The Department proposes amending Chapter 50 to require home health agencies that close to follow notification procedures and time lines equivalent to those in s. 50.03(14) and to submit transfer of service plans to the Department for approval. Home health agencies provide care to individuals who are ill, elderly, and disabled. When these agencies close suddenly, the care of these individuals can be disrupted. The Department proposes requiring these agencies to give proper notice of closing and plan for transitioning the care of their clients to other agencies.

✓ 5. Under s. 50.04(6), the department may replace a nursing homes current license with a conditional license for no more than one year if a "class A" or "class B" violation continues to exist in the facility. The license is conditioned on the facility completing a Department imposed plan of correction; if the plan is not completed, the facility is de-licensed. Under other sections of Chapter 50, the Department may issue provisional licenses for home health agencies, rural medical centers, and hospices for a limited amount of time under certain circumstances. The Department requests the authority to issue conditional licenses for all Chapter 50 providers and treatment facilities under s. 51.04 as a way for the Department to ensure better compliance by all providers with plans of correction. The Department also proposes to delete all language regarding provisional licenses in chapter 50. The Department seldom issues provisional licenses, and those licenses are often confused with conditional licenses.

**Desired Effective Date:** 

Upon passage

Agency:

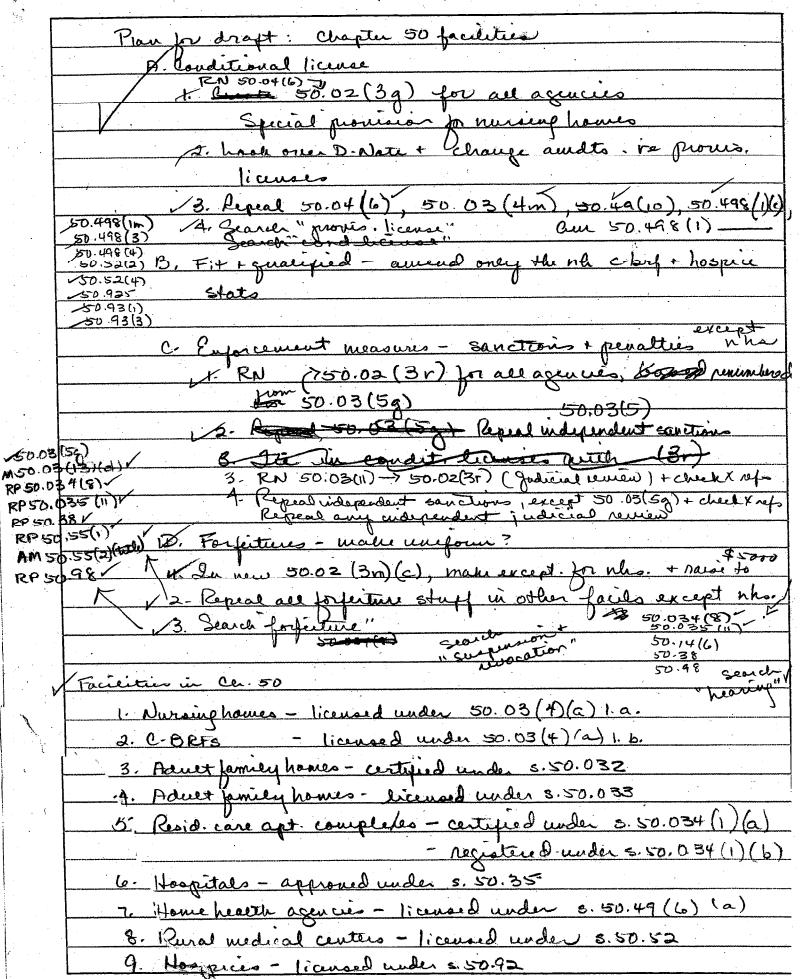
**DHFS** 

**Agency Contact:** 

Andy Forsaith

Phone:

266-7684



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From:

Forsaith, Andrew

Sent:

Wednesday, November 08, 2000 3:24 PM

To:

Kennedy, Debora

Cc: Subject: Temple, Irene; Hagen, Julie; Prigioni, Rita; Mullikin, Melissa

ct: Answers to your questions

Debora: here finally are answers to your questions regarding the Department's statutory language request "Chapters 50 an 51 Statutory Changes."

Question: Do we want to replace existing nursing home enforcement language under s.50.04(4) with language equivalent to that under s.50.03(5g)?

Answer: Please leave the nursing home enforcement in s. 50.04 (4) as it current is, except add language equivalent to the language under in s. 50.03 (5g) (b) 8. "The licenses provide training to staff" and s. 50.03 (5g) (b) 2. "termination of an employe who had a license previously revoked..." Otherwise the language in 50.04 for nursing homes covers everything in 50.03 (5g).

Question: Do we want the rights to hearings available under (5g)(f) to apply to all providers?

Answer: Yes, though please don't alter hearing rights and procedures that currently apply to nursing homes.

∠Question: Should providers request hearings and hearings be conducted by the
Department or the DOA division of hearings and appeals.

Answer: According to Irene Temple in the Office of Legal Counsel, all hearings are currently conducted by DOA, including those involving CBRFs, so the language should refer to DOA rather than the Department. Language in chapter 50 relating to hearings has yet to be fully updated in all cases to reflect the consolidation of hearings in DOA several years ago.

If you have any questions about the above, please call me at 6-7684

From:

Forsaith, Andrew

Sent:

Tuesday, November 28, 2000 2:57 PM

To:

Kennedy, Debora

Cc:

Kraus, Jennifer; Mullikin, Melissa Questions re: 50/51 changes

Subject: Question

.

Debora: here are answers to your questions from a week (or two?) ago on our proposed changes to chapters 50 and 51.

There are no federal regulations regarding the certification of AODA and mental health treatment programs except for some rules regarding client confidentially. The state Medicaid agency can determine the standards for these providers itself, unlike nursing homes, for example, where there are detailed federal certification standards.

Regarding the interactions between 51.04 and 51.45...hopefully I'm understanding your question correctly....51.04 gives the Department the authority/mandate to certify AODA and mental health treatment programs. 51.45 directs the department to establish standards which form the basis for the certification. In my view, 51.04 speaks to the certification process, and 51.45 addresses the substance. It would seem to me that language creating the authority to levy forfeitures and take other intermediate sanctions should be added to 51.04. 51.45 does not address topics such as when certification can be revoked or other nuts and bolts of the certification process.

FYI, the programs we are intending to cover under 51.04 are those AODA/MH programs governed by HFS 40, 61, 63, and 75.

I hope this helps; if it doesn't, perhaps we should a face to face meeting with the relevant program staff (if DOA approves)

From:

Forsaith, Andrew

Sent:

Friday, January 05, 2001 3:37 PM

To:

Kennedy, Debora

Cc:

Mitchell, Barbara; Temple, Irene; Hagen, Julie; Prigioni, Rita; Schroeder, Susan; Kraus,

Jennifer; Mullikin, Melissa

Subject:

Third wave of comments on LRB-0434/P1

Debora: as I warned in my email this morning, we have some additional comments on the draft LRB-0434/P1 (Chapter 50/51 changes). Just to recap, we have provided three sets of comments:

- 1) 12/22/00 email
- 2) 1/5/01 (morning) email
- 3) comments listed below

We may have additional comments on Monday regarding the chapter 51 changes, but hopefully not.

\*\*\*\*

1) This morning, I faxed you a copy of recommend changes to the home health agency closing language. I made an error on one of those pages, so I will fax you corrected versions of all three pages again to you. Sorry for the error.

Ignore

2) In my email this morning, in response to drafter's question 2.g., we indicated that we did not wish to have non statutory language allowing us to promulgate rules on an emergency basis regarding daily forfeiture levels. Just to clarify, we also do not want nonstatutory language ordering us to promulgate rules on this topic on a non emergency basis by a date certain. We want to have full discretion to promulgate rules or not.

ole

3) We would like to clarify the language regarding entities' rights to appeal sanctions and penalties to indicate that entities do not have the right to appeal notices of violation and orders to submit plans of correction to the Department. These orders are not penalties or sanctions and do not by themselves adversely affect the entity. Notices of violation are simply statements that the entity has failed to comply with a requirement. Orders to submit plans of correction require the entity to tell the Department how they will come into compliance. (By contrast, an order imposing a plan of correction (as in s. 50.02(3m)(a)5. of the draft) is an adverse action that would be appealable)

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We recommend that the following sentence be added to s. 50.02(3m)(e) (in section 29 of the draft, page 17): "This paragraph does not apply to the issuance of a notice of violation or the requirement to submit a plan of correction." (Note that we had asked for other revisions to this paragraph in our 12/22/00 comments as well.)

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4) Regarding the overall structure of the draft, after some further consideration, program and legal staff feel that it would be clearer to providers and other users of chapter 50 to have the enforcement language created under s.50.02(3m) in the draft repeated for each provider type in each provider type rather than have it in one central location in s. 50.02. (For example, the s. 50.02(3m) language would be placed under s. 50.03(5g) for CBRFs and s. 50.49 for home health agencies). Providers tend to focus on their particular section of chapter 50 and are not be inclined to scour other portions of chapter 50 for provisions that affect them. Of course, it does not matter from a substantive standpoint whether the language is centralized or repeated in each provider's sections. However, department staff feel it would make the chapter more "user friendly" to have the language repeated.

ole

Alternatively, the language could be centralized, but placed in a separate subchapter with a heading that makes clear it applies to all chapter 50 providers. S.50.02 is currently in the "care and service residential facilities" subchapter, and nonresidential providers would not naturally look in that subchapter for language relevant to them. We understand that you may not have time to make such a fundamental change to the draft at this late date, and it is more important to make all our other requested changes. However, if you have time and energy, please consider adopting one of the two options described above.

Thanks again for your consideration.

DEPARTMENT OF HEALTH AND FAMILY SERVICES Office of Strategic Finance OSF-214(2/99)

STATE OF WISCONSIN

Lanore, varice DOA does not wont

FACSIMILE COVER MESSAGE (608) 267-0358 (FAX #)

TO:

Debora Kennedy LRB Andy Forsaith

Number of Pages (includes cover sheet):

Comments:

Per my email this afternoon
This replaces my fex from this morning

If a problem occurs with transmission, please contact Bonnie Niemann at 266-3816.

OFFICE OF STRATEGIC FINANCE 1 WEST WILSON STREET P.O. BOX 7850 MADISON, WI 53707-7850

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LRB-0434/P1 DAK:cjs:pg SECTION 52

50.49 (11) CLOSING OF A HOME HEALTH AGENCY	If a home health agency is closing,
or intends to close, all of the following apply:	

- (a) The department may provide, direct, or arrange for planning, placement, and implementation services in order to minimize the trauma associated with the transfer of service delivery to patients and to ensure orderly service provider transfer.
- (b) The county departments of the county in which the home health agency is located that are responsible for providing services under s. 46.215 (1) (L), 46.22 (1) (b) 1. c., 51.42, or 51.437 shall participate in the development and implementation of individual patient service transfer plans. Any county department of another county shall participate in the development and implementation of individual patient service transfer plans in place of the county departments of the county in which the home health agency is located, if the county department accepts responsibility for the patient or is delegated responsibility for the patient by the department or by a court.
  - (c) The home health agency shall:
- 1. Provide at least 30 days' written notice prior to closing to each patient who is to be transferred to enother service provider, to the patient's guardian, if any, and to a member of the patient's family, if practicable, unless the patient requests that notice to the family be withheld.
  - 2. Attempt to resolve complaints from patients under this continue.
- 3. Identify and, to the greatest extent practicable, attempt to secure an appropriate alternate service provider for each patient to be transferred.
- 4. Consult the patient's physician on the effect on the racident's health of the proposed closing.

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- 5. Hold a planning conference at which an individual pat be developed with the patient, with the patient's guardian, if any, and with a member of the patient's family, if practicable, unless the patient requests that a family discharge or member not be present.
  - 6. Implement the individual patient transfer plan developed under subd. 5.
- 7. Notify the department of its intention to transfer patients to alternate service providers. The notice shall state the facts requiring the proposed transfer of patients and the proposed date of closing.
- 8. At the time the home health agency notifies the department under subd. 7., submit to the department a preliminary plan that includes:
- a. The proposed timetable for planning and implementation of transfers and the resources, policies, and procedures that the home health agency will provide or arrange in order to plan and implement the transfers.
- b. A list of the patients to be transferred and their current levels of care a
- nave guardians and the names and addresses of the guardians.
  - d. A list of which patients have been protectively placed under ch. 55.
- A list of the patients whom the home health agency believes to be incompetent.
- (d) The department shall notify the home health agency within 10 days after receiving the preliminary plan under par. (c) 8., if it disapproves the plan. If the department does not notify the home health agency of disapproval, the plan is deemed approved. If the department disapproves the preliminary plan it shall. within 10 days of notifying the home health agency, begin working with the home

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LRB-0434/P1 DAK:cjs:pg SECTION 52

TON 52 health agency to modify the disapproved plan. patients the department approves the preliminary plan or metal a modified plan upon. If a plan is not approved or agreed upon within 30 days of receipt of the notice , the department may impose a plan that the home health agency shall carry out.

(e) Upon approval of, agreement to, or imposition of a plan for service transfer. the home health agency shall establish a date of closing and shall notify the department of the date. The date may not be earlier than 90 days from the date of approval, agreement, or imposition for the 50 patients will require service transfer, or 120 days from the date of approval, agreement, or imposition if more than 50

**SECTION 53.** 50.498 (1) (c) of the statutes is repealed.

**Section 54.** 50.498 (1m) of the statutes is amended to read:

50.498 (1m) If an individual who applies for a certificate of approval, license or provisional license or a license as specified under sub. (1) does not have a social security number, the individual, as a condition of obtaining the certificate of approval, license or provisional or the license, shall submit a statement made or subscribed under oath or affirmation to the department that the applicant does not have a social security number. The form of the statement shall be prescribed by the department of workforce development. A certificate of approval, license or provisional or a license issued in reliance upon a false statement submitted under this subsection is invalid.

Section 55. 50.498 (3) of the statutes is amended to read:

50.498 (3) Except as provided in sub. (1m), the department shall deny an application for the issuance of a certificate of approval, license or provisional or a

From:

Forsaith, Andrew

Sent:

Friday, December 22, 2000 4:38 PM

To:

Kennedy, Debora

Cc: Subject: Hagen, Julie; Prigioni, Rita; Woodford, LaVern; Woods, Otis; Kraus, Jennifer; Mullikin, Melissa

Initial Comments re Chapter 50 & 51 revisions- LRB-0434/P1

Debora: Thank you for your draft for the changes to chapters 50 and 51. As you sald, it's very complicated, and we're still pouring over it to answer your questions and provide additional feedback. Because of holiday vacation schedules, I don't think we will be able provide complete comments until the week of January 1. But we do have some comments today and hope to send more next week.

The following comments were drafted by Irene Temple, in Office of Legal Counsel, and concern the appeal process for sanctions imposed under s. 50.02(3m). If you have questions about them, I recommend you call Irene at 7-7953, if that is OK with Melissa. We know the time window for making revisions will become more and more limited, and we will try to provide the remainder of our comments as soon as possible.

#### Hearings.

When you circulated the draft instructions, you asked whether all hearings should be held by DHA instead of the Dept. I am afraid my answer was misleading. All hearings are already before DHA. When the statutes indicate that the Dept. is to hold a hearing, those hearings are delegated to DHA, and the resulting decisions are issued as proposed decisions. The parties can file objections before the proposed decision is issued. The OAH used to be part of the Dept. but is now part of DHA. Under other parts of chapter 50, (s. 50.04(5)(e), for example) DHA issues final decisions that can only be appealed to circuit court.

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The Dept. did not intend to substitute final decisions for proposed decisions as part of this budget request.

The provision that provides for final decisions by DHA on CBRF forfeiture appeals in 50.035(11) appears to have been part of a 1999 budget package relating to fire safety and some other matters that affected RCACs, as well. Sec. 50.035 is titled "special provisions on CBRFs," but the guts of CBRF regulation are in 50.03(5g). That includes all of the sanctions, including forfeitures, and provides for hearings that result in proposed decisions. The draft uses the hearing language from 50.035 instead of 50.03(5g)(f). The Bureau of Quality Assurance issues cites under 50.03(5g) and has not been using the forfeiture provisions that were put into 50.035 last budget cycle. CBRF decisions, even those on forfeitures, are still issued as proposed decisions.

The Department wishes to continue to have the hearings result in proposed decisions. This change can be made by using 50.03(5g)(f) as the model for draft 50.02(3m)(e) instead of 50.035(11). This is SECTION 29 of the draft .

A second concern is about the proliferation of hearings w/in 30 days. Current law under s. 50.03(5g)(f) requires the hearing to be held within 30 days. The Department believes that this time period is too short. However, we believe it would be reasonable to indicate the 30 days apply to initiating pre-hearing proceedings. Accordingly, in the last sentence of s. 50.03(5g)(f) "a prehearing conference" should be substituted for "the hearing" and then used as the model for the text now appearing at SECTION 29 of the draft. See the following:

50.03(5g)(f) If a community-based residential facility desires to contest the revocation of a license or to contest the imposing of a sanction under this subsection, the community-based residential facility shall, within 10 days after receipt of notice under par. (e), notify the department in writing of its request for a hearing under s. 227.44. The department shall hold (the hearing) a prehearing conference within 30 days after receipt of such notice and shall send notice to the community-based residential facility of the hearing as provided under s. 227.44 (2).

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From:

Forsaith, Andrew

Sent:

Friday, January 05, 2001 8:40 AM

To:

Kennedy, Debora

Cc:

Temple, Irene; Hagen, Julie; Prigioni, Rita; Schroeder, Susan; Kraus, Jennifer; Mullikin,

Melissa

Subject:

More Comments re Chapter 50 & 51 revisions- LRB-0434/P1

Debora: here are additional comments on your draft for the revisions to chapters 50 and 51. We have some general comments and also answers to your questions. I may send you additional comments/requests later today and Monday.

Thanks for considering and accommodating these comments, and if you have questions, feel free to contact Irene Temple, Office of Legal Counsel, 7-7953, or me at 6-7684.

#### General comments

#### The Department requests:

1. That certified adult family homes under s. 50.032 be removed from the definition under s. 50.02(1d)(c) and that all current statutory provisions for these facilities in chapter 50 be maintained. These homes are county regulated, and the Department does not want to burden counties with new regulatory requirements without county input.

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- 2. That the sanction of suspension of license under s.50.02(3m)(b)2. of the draft be deleted. We request this deletion because suspension is rarely used for chapter 50 providers. These entities serve clients and residents who have substantial ongoing care needs, and it is too disruptive to close the entity temporarily. However, the Department requests that certification suspension language be kept under s. 51.04(4)(b)2. but that language limiting the suspension to 14 days be eliminated.
- 4. That s. 50.04(4)(d) be repealed so that the standard for suspension of admissions for nursing homes will be the same for all other providers under s. 50.02(3m)(a)7. of the draft.
- 5. That the standards currently in place under 50.04(5)(b) for nursing homes and under s. 50.98(2) for hospices for determining when and in what amounts forfeitures should be imposed be added under the new s. 50.02(3m)(b) and under s. 51.04 to apply to all providers.

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6. That s. 50.49(10) and s.50.93(3) not be deleted, and that the word "provisional" in these paragraphs be replaced with "probationary." Following our instructions, you had deleted references to provisional licenses in chapter 50. We had asked for those deletions because provisional licenses were often confused with conditional licenses. However, the Department uses the above paragraphs as authority to issue limited term licenses to new home health agencies and hospices. We would like to retain the authority to do so and to call those initial licenses probationary licenses.

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Responses to drafter's questions:

√1. b. OK as drafted

. C. OK as drafted.

- d OK as drafted.
- e. ÓK as drafted
- 2. a. Reference to "expiration" in this paragraph is appropriate.
  - b. Please see the comments in the 12/22/00 email from Andy Forsaith to Debora Kennedy and Melissa Mullikin.
    - c. The changes in the draft are appropriate.
  - d. We recommend that s. 50.053 not be folded into s. 50.02(3m)(em) because it is easier to find in a separate section.
  - e. It appears that application denials are included under 50.03(5g)(e)3 renumbered to 50.02(3m)(d)3, and that is consistent with our intent.
  - Please retain ss. 50.55(2) and (3) regarding criminal penalties and injunctions for rural medical centers.
  - g. Please do not include emergency rule-making power regarding forfeiture amounts. In addition, after further thought, we would like the effective date for all the changes in this draft to be six months after enactment.
    - 3. Home health agency closings:

Ignore; DOA does not want

- a. The draft is fine on this point.
- b. We have a few changes to make the text more appropriate for home health agency closings; I will fax those changes to you and Melissa separately.
- c. The draft is fine on this point.
- A. a. We would like explicit authority to request financial information, but would want the language to be clear that that is not the only type of information entities may be asked to provide to demonstrate they are fit and qualified.

V50.93(3g)
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V50 n3(4)(6)3.+
V(cm)3.

5. For chapter 51, we request that the draft retain the phrase in the current s. 51.04, "as a benefit to a medical assistance recipient under s.49.46(2)(b)6.f." While we recognize that the Department has authority to certify MA providers under s.49.45(2)(a)11, we believe it would be confusing to MA certified outpatient AODA and mental health treatment providers to delete the phrase from chapter 51. We believe the other chapter 51 changes are fine, but we will have Paul Harris, the attorney who is most familiar with chapter 51 and who has been on vacation, review the changes on Monday and provide any additional comments then.

## DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

December 18, 2000

To Melissa Mullikin and Andy Forsaith:

This draft is very complex; I would appreciate it if not only you but also Irene Temple of DHFS would review it very carefully. The following issues have arisen in the course of drafting:

- 1. Conditional licenses
- a. In order to avoid creating and duplicating lengthy passages concerning conditional licensing under each entity that is regulated in ch. 50, I have renumbered and amended s. 50.04 (6), stats., to achieve one provision, in s. 50.02 (3g), that applies to all entities.
- b. Note that, in renumbering s. 50.04 (6) (a), stats., to be s. 50.02 (3g) (intro.) and (b), I deleted a sentence from s. 50.04 (6) (a), stats., that states "The nursing home may seek review of a decision to issue a conditional license as provided under s. 50.03 (5)." This language seems to make little sense; s. 50.03 (5), stats., has no language that speaks to issuance of a conditional license. Moreover, s. 50.04 (6) (d), stats., as renumbered in this draft to be s. 50.02 (3g) (e), contains a procedure for a case conference, after which the licensee may contest the basis for issuance of a conditional license. If I missed something here and the deleted sentence should be restored, please let me know.
- c. Is the last sentence under s. 50.02 (3g) (f) (renumbered from s. 50.04 (6) (e), stats.) what you intend? Is the last sentence under s. 50.02 (3g) (h) (renumbered from s. 50.04 (6) (g), stats.) what you intend?
- d. Please check s. 50.498 (1) (c) and (1m); do these provisions do what you intend?
- Please closely review s. 50.02 (3g) (a) 2. to 9.; I was unsure whether you wanted conditional licenses, etc., issued for violations of all after alternative to what I have drafted, which more closely resembles the grounds on which nursing home conditional licenses are issued, would be, for example, " .... a violation by the community-based residential facility of an applicable provision of this chapter that creates a condition or occurrence that presents a substantial probability that death or serious mental or physical harm to a resident will result or that directly threatens the health, safety, or welfare of a resident." However, if you intend to use the latter, please look at the two standards under it carefully; it is difficult for me to see a difference between them.

#### 2. Enforcement measures

- 7.  $\checkmark$ a. Please review s. 50.02 (3m) (d) 1. (renumbered from s. 50.03 (5g) (e), stats.). The second sentence, with reference to license, etc., expiration, does not seem to make sense. Does it make even less sense if conditional licensure is added?
  - b. Please review s. 50.02 (3m) (e) (renumbered from s. 50.035 (11) (c), stats.), which sets forth hearing rights and conditions. Note that I did not amend s. 50.05, which has hearings for nursing homes, or affect the hearings specified in ss. 50.14 (6) and 50.39 (5) (b). Please also carefully check language that excepts nursing home forfeiture procedures in s. 50.04 (4) and (5), stats., from sanctions and penalties for the other providers; the language is in s. 50.02 (3m) (b) (intro.) (as renumbered from s. 50.03 (5g) (b) (intro.)). I am concerned that the exception be neither too exclusive nor too inclusive.
  - c. Note that I provided for uniform judicial review of the sanctions, under s. 50.02 (3r) (renumbered from s. 50.03 (11), stats.). However, I did not affect s. 50.04, stats., except with respect to conditional licensure. Was this your intent with respect to judicial review, as well as imposition of forfeitures and hearings? Please review ss. 50.02 (3r) (d) and 51.04 (5) (c); do they work?
  - d. Note that I renumbered s. 50.053, stats., as s. 50.02 (3m) (em).
  - c. Note that I did not include denials of applications for licensure, etc., (that do not follow revocation of licensure, etc.) in s. 50.02 (3m). Does that comport with your intent?
  - f. Do you want to repeal s. 50.55 (2) and (3), stats. (fine, imprisonment, and injunctive power with respect to rural medical centers)?
  - g. Do you want emergency rule—making power, without requiring a finding of emergency, for the rules under s. 50.02 (3m) (b) 1. a. (renumbered from s. 50.03 (5g) (c) 1. a., stats.)? Also, do you want to set a timeline (e.g., nine months), by which DHFS must submit proposed rules to the Legislative Council rules clearinghouse? It would probably be best to delay the effective date of these provisions by a year.
- $\swarrow$ 3. Home health agency closings
  - a. Your instructions were to follow s. 50.03 (14), stats., in creating language concerning home health agency closings; note that s. 50.49 (11) (intro.), as created, therefore, refers only to a closing and not to any of the other conditions currently specified in s. 50.03 (5m) (a) 1. to 6., stats., (such as, e.g., license revocation), to which s. 50.03 (14) refers. Is this drafted as you intended?
  - b. Please also read s. 50.49 (11) as a whole, in comparison with s. 50.03 (14), stats.; some of the language of the former necessarily differs from that of the latter, because of the difference between a facility and a service.
  - c. Do you want s. 50.49 (11) to apply only to the closing of a home health agency or to all the conditions specified for nursing homes under s. 50.03 (5m) (a) 5., stats.?
  - 4. Fit and qualified requirements
  - a. If, under s. 50.03 (4) (c) 3. and (cm) 3. and 50.95 (7), DHFS finds that the nursing home, C-BRF, or hospice is not "fit and qualified," I assume that DHFS may apply

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sanctions under s. 50.02 (3m) (renumbered from s. 50.03 (5g) stats.). Do you want explicit authority to request financial information? Yes + make clear at 's not the only

b. Please see Drafter's Note 2. g., above, with respect to the rules under ss. 50.03 (4) france (c) 3. and (cm) 3. and 50.95 (7).

5. Treatment facilities—Because it is my understanding that the new provisions concerning treatment facilities are intended to deal with all treatment facilities, including public and private and MA-funded and private pay, and to include treatment facilities that are specialized for mental health, developmental disability, or ΛΟDΛ care, I have renumbered to s. 51.04 or repealed applicable provisions in s. 51.45 (8), stats., (because that section, as a whole, deals with prevention and control of alcoholism only, even though the provisions under s. 51.45 (8) are applicable to treatment facilities throughout the chapter) and have created new provisions in s. 51.04, stats., which currently deals with certifications for MA, community aids, and insurance mandates. I have kept the provision currently in s. 51.04, stats., as s. 51.04 (2), but I have deleted from it the MA certification, because that is redundant to s. 49.45 (2) (a) 11., stats.

Debora A. Kennedy Managing Attorney Phone: (608) 266-0137

E-mail: debora.kennedy@legis.state.wi.us

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**2001 - 2002 LEGISLATURE** 

LRB-0434/P1 DAK:cjs:eg

D-NOTE

DOA:.....Mullikin - Facilities and treatment facilities licensing and enforcement changes

FOR 2001-03 BUDGET — NOT READY FOR INTRODUCTION

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An Act ...; relating to: the budget.

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## Analysis by the Legislative Reference Bureau **HEALTH AND HUMAN SERVICES**

#### HEALTH

Under current law, DHFS licenses, certifies, approves, or registers and otherwise regulates numerous health care services providers, including hospitals, nursing homes, community-based residential facilities (C-BRFs), adult family homes, residential care apartment complexes, rural medical centers, home health agencies, and hospices. Currently, the sanctions that DHFS may bring against those facilities or services that violate applicable standards of care or provisions of licensure, certification, approval, or registration vary as to the facility or service. The sanctions include denial of licensure, issuance of departmental orders, required submittal of a plan of correction, assessment of forfeitures, suspension of admissions, imposition of conditional licensure and suspension or revocation of licensure. (Unlike forfeitures for other facilities, nursing home forfeitures are fixed in amount using factors that concern the gravity of the violation, severity of harm, extent of violation, indications of good faith by the licensee, previous violations, and the financial benefit to the nursing home of committing or continuing the violation; nursing homes are also subject to notices of violation and correction orders.) Facilities or services on which sanctions or penalties are imposed may appeal the

licenouri, certification approval or resident license delicense in hearings that and by the submit LRB-0434/P1 DAK:cis:ng under current sanctions in hearings that are conducted by PANES of In the majority of instances, by the subunit of DOA that deals with hearings and appeals. Decisions that result from these hearings are subject to judicial review. This bill makes uniform, with specified exceptions, the penalties and sanctions, and appeal rights for those penalties and sanctions, that DHFS may impose/on hospitals, nursing homes, C-BRFs, adult family homes, residential care apartment complexes, rural medical centers, home health agencies, and hospices that violate C-BRF, conditions of licensure, certification, approval, or registration or applicable hospital standards of care. Under the bill, if DHFS provides a facility or service with written 00 notice of the grounds for a sanction, an explanation of the types of sanctions that home DHFS may impose, and an explanation of the appeal process, DHFS may order that health A racility or service (do any of the following: 1) if operating without licensure agunci continuations, approval, or registration, cease operation; 2) terminate the employment of any person who operated or permitted operation of a facility of service. JC BRF for which licensure actification, approval, or registration was revoked; 3) stop violating a provision of licensure actification, approval, or registration; 4) submit only a plan of correction for violation of a provision of licensure, certification, approval margintalia; 5) implement and comply with a plan of correction that is approved or developed by DHFS; 6) suspend new admissions until all violations are corrected; or 7) provide training in one or more specific areas for staff members. In addition, if DHFS provides the same type of written notice, DHFS may impose any of the following: (\$2,000) for a nursing home, C-BRF, 1. Except for nursing homes, a daily administrative forfeiture of not less than \$10 nor more than \$5,000 for each violation, with each day of violation being a separate offense; the amount of the forfeiture and payment deadlines are specified by DHFS by rule, based on the size of the facility or service and the seriousness of the violation, and may be increased if there is continued failure to comply with a DHFS order. for all facilities or services, 2. Suspension of licensure, certification, approval, or registration for 14 days. Under specified circumstances, revocation of licensure, certification, approval, or registration. The bill specifies procedures for requesting a hearing before the subanit of local to contest suspension imposition of a sanction. The hearing to maje at to price a property and the heart and the sanction of a sanction. Under current law, nursing homes, C-BRFs₁ and hospices must demonstrate ← that they are "fit and qualified" in order to be licensed. This bill requires that licensed nursing homes, C-BRFs, and hospices, if they are in substantial noncompliance, as defined by DHFS by rule, with respect to applicable state or federal requirements, demonstrate that they are fit and qualified to operate. DHFS must, by rule, specify procedures regarding these findings. Under current law, if a nursing home closes, intends to close, or is changing types or levels of service or accepted means of reimbursement so as to relocate at least five residents or five percent of all the pursing home's residents, DHFS and a county department of human services, developmental disabilities services, or community programs must participate in developing relocation plans, which the nursing home home health agencies

must implement. The nursing home must submit to DHFS for approval a preliminary plan for the relocation, must provide residents with notice of the relocation, and must attempt to resolve complaints and to secure appropriate alternate placement for residents about to be relocated. This bill applies to home health agencies that are closing or that intend to close all the requirements currently applicable to nursing homes that close or intend to close.

Under current law, DHFS may issue a conditional license for up to one year to a nursing home and may revoke any outstanding license of the nursing home if DHFS finds that the nursing home has violated standards of care so as to create a condition or occurrence that presents a substantial probability that death or serious mental or physical harm to a resident will result or that directly threatens the health, safety, or welfare of a resident. Before issuing the conditional license, DHFS must establish a written plan of correction, provide written notice to the nursing home, and, at the nursing home's request, hold a case conference, after which a hearing may be held. DHFS must periodically inspect a nursing home operating under a conditional license and may revoke the conditional license if the nursing home substantially fails to follow the plan of correction. This bill authorizes DHFS to issue a conditional license, certification, approval, or registration that is similar to a conditional approval of a nursing home, to any facility or service that violates standards of care or provisions of licensure.

Under current law, DHFS may issue provisional licenses for home health agencies, rural medical centers, and hospices that have not previously been licensed, that are not in operation at the time the application for licensure is made, or that are temporarily unable to comply with standards of care. DHFS must inspect a hospice within 30 days before termination of the provisional license and either issue or deny a regular license. This bill eliminates provisions relating to provisional licenses for home health agencies, rural medical centers, and hospices.

MENTAL ILLNESS AND DEVELOPMENTAL DISABILITIES

Under current law, DHFS approves and otherwise regulates public and private treatment facilities for the provision of services for mental illness, developmental disability, and alcohol and other drug abuse. DHFS may, after notice and hearing, grant, suspend, revoke, or limit such an approval, and a court may restrain violations of conditions of approval or standards of care by treatment facilities; review denials, restrictions, or revocations of approval, and grant other enforcement relief.

This bill changes current provisions concerning approval and other regulation of treatment facilities to specify penalties and sanctions that DHFS may impose on treatment facilities for violations of conditions of approval or standards of care; these penalties and sanctions are similar to those that DHFS may, under the bill, impose on facilities or services regulated by DHFS that provide medical care. Under the bill, if DHFS provides a treatment facility with written notice of the grounds for a sanction, an explanation of the types of sanctions that DHFS may impose, and an explanation of the appeal process, DHFS may/order that the treatment facility do any of the following: 1) if operating without approval, cease operation, 2) terminate the employment of any person who operated or permitted operation of a treatment facility for which approval was revoked: 3) stop violating a provision of approval; 4)

submit a plan of correction for violation of a provision of approval; 5), implement and comply with a plan of correction that is approved or developed by DHFS; 6) suspend new admissions until all violations are corrected; or 7) provide training in one or more specific areas for staff members. In addition, if DHFS provides the same type of written hotice, DHFS may impose any of the following: (\$2,000)

1. A daily forfeiture of not less than \$10 nor more than \$5,000 for each violation, with each day of violation being a separate offense; the amount of the forfeiture and payment deadlines are specified by DHFS by rule, based on the size of the treatment facility and the seriousness of the violation, and may be increased if there is continued failure to comply with a DHFS order. a forletture.

2. Suspension of approval for Address.

3. Under specified circumstances, revocation of approval.

The bill specifies procedures for requesting a hearing before the suburitant DOA that deals with hearings and appears to contest suspension for revocation or the imposition of a sanction. The hearing is subject to judicial review under current law.

Under current law, DHFS may issue a conditional license for up to one year to a nursing home and revoke any outstanding license of the nursing home, if DHFS finds that the nursing home has violated standards of care to create a condition or occurrence that presents a substantial probability that death or serious mental or physical harm to a resident will result or that directly threatens the health, safety, or welfare of a resident. Before issuing the conditional license, DHFS must establish a written plan of correction, provide written notice to the nursing home, and, at the nursing home's request, hold a case conference, after which a hearing may be held. DHFS must periodically inspect a nursing home operating under a conditional license and may revoke the conditional license if the nursing home substantially fails to follow the plan of correction. This bill authorizes DHFS to issue a conditional approval that is similar to a conditional license of a nursing home, to a treatment facility that violates standards of care or provisions of approval.

For further information see the state and local fiscal estimate, which will be

printed as an appendix to this bill.

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## The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:

k 1 **SECTION 1.** 46.031 (2r) (a) 3. of the statutes is amended to read:

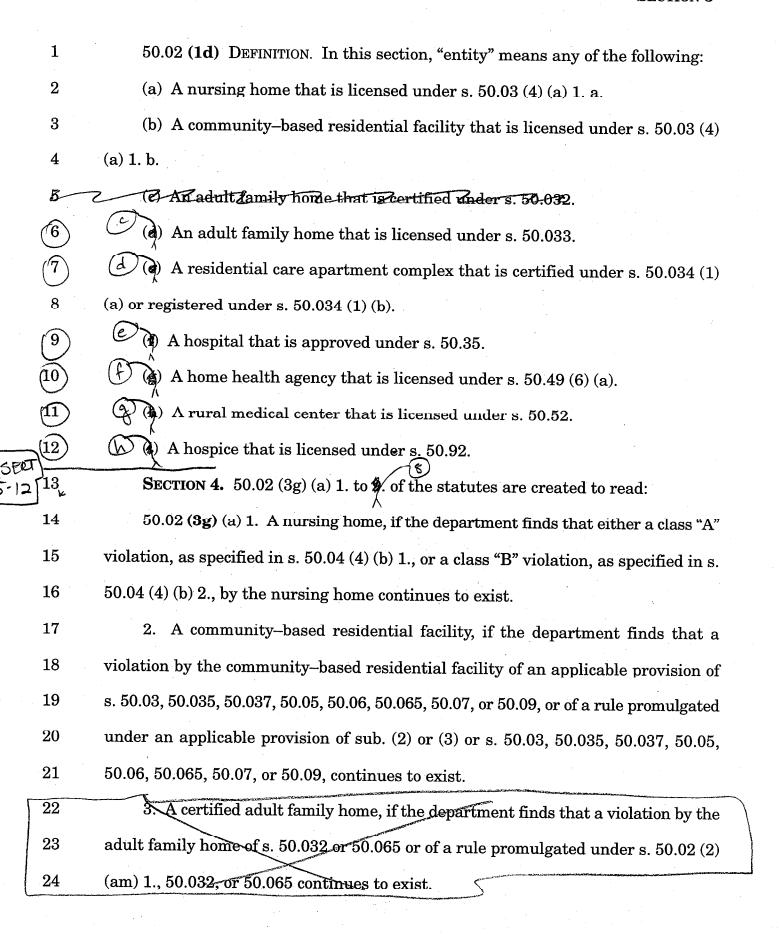
46.031 (2r) (a) 3. Is for the treatment of alcoholics in treatment facilities which

have not been approved by the department in accordance with s. 51.45 (8) 51.04 (1)

or conditionally approved by the department in accordance with s. 51.04 (3).

SECTION 2. 50.02 (1) of the statutes is renumbered 50.02 (1m).

**SECTION 3.** 50.02 (1d) of the statutes is created to read:



 $\cancel{A}$ . A licensed adult family home, if the department finds that a violation by the 1 adult family home of s. 50.033 or 50.065 or of a rule promulgated under s. 50.02 (2) 2 3 (am) 2., 50.033, or 50.065 continues to exist. (4)A certified or registered residential care apartment complex, if the department finds that a violation by the residential care apartment complex of s. 5 50.034 or 50.065 or of a rule promulgated under s. 50.034 or 50.065 continues to exist. 6 (7)A hospital, if the department finds that a violation by the hospital of s. 50.065, 50.35, 50.355, or 50.36 (3) or (3m) or of a rule promulgated under s. 50.065, 8 9 50.35, 50.355, or 50.36 (3) or (3m) continues to exist. A home health agency, if the department finds that a violation by the home (10 health agency of s. 50.065 or 50.49 or of a rule promulgated under s. 50.065 or 50.49 11 12 continues to exist. **(1**3) A rural medical center, if the department finds that a violation by the rural medical center of s. 50.065, 50.53 (2), 50.535, or 50.54 (2) or of a rule promulgated 14 under s. 50.065, 50.53 (2), 50.535, or 50.54 (2) continues to exist. 15 (16) $\acute{A}$  hospice, if the department finds that a violation by the hospice of s. 50.065,  $50.92,\,50.93\,(1)$  to  $(3m),\,$  or 50.95 or of a rule promulgated under s.  $50.065,\,50.92,\,50.93$ 17 18 (1) to (3m), or 50.95 continues to exist. SECTION 5. 50.03 (2) (d) of the statutes is amended to read: k 19 20 50.03 (2) (d) Any holder of a license or applicant for a license shall be deemed to have given consent to any authorized officer, employee or agent of the department 21to enter and inspect the facility in accordance with this subsection. Refusal to permit 22 23 such entry or inspection shall constitute grounds for initial licensure license denial, as provided in sub. (4), or suspension or revocation of <u>a</u> license, as provided in sub. (5) s. 50.02 (3m) (bm)

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**Section 6.** 50.03 (3) (f) of the statutes is amended to read:

50.03 (3) (f) Community-based residential facilities shall report all formal complaints regarding their operation filed under sub. (2) (f) and the disposition of each when reporting under sub. (4) (c) 1. 2m.

SECTION 7. 50.03 (4) (a) 1. b. of the statutes is amended to read:

50.03 (4) (a) 1. b. Except as provided in sub. (4m) (b), the department shall issue a license for a community-based residential facility if it finds the applicant to be fit and qualified, if it finds that the community-based residential facility meets the requirements established by this subchapter and if the community-based residential facility has paid the license fee under s. 50.037 (2) (a). In determining whether to issue a license for a community-based residential facility, the department may consider any action by the applicant or by an employee of the applicant that constitutes a substantial failure by the applicant or employee to protect and promote the health, safety or welfare of a resident. The department may deny licensure to or revoke licensure for any person who conducted, maintained, operated or permitted to be maintained or operated a community-based residential facility for which licensure was revoked. The department, or its designee, shall make such inspections and investigations as are necessary to determine the conditions existing in each case and shall file written reports. In reviewing the report of a community-based residential facility that is required to be submitted under par. (c) 1. 2m., the department shall consider all complaints filed under sub. (2) (f) since initial license issuance or since the last review, whichever is later, and the disposition of each. The department shall promulgate rules defining "fit and qualified" for the purposes of this subd. 1. b.

SECTION 8. 50.03 (4) (c) 1. of the statutes is amended to read:

1	50.03 (4) (c) 1. A community-based residential facility license is valid until it
(2)	is revoked or suspended under this section s. 50.02 (3m) (bm)
3	2m. Every 24 months, on a schedule determined by the department, a
4	community-based residential facility licensee shall submit a biennial report in the
5	form and containing the information that the department requires, including
6	payment of the fees required under s. 50.037 (2) (a). If a complete biennial report is
7	not timely filed, the department shall issue a warning to the licensee. The
8	department may revoke a community-based residential facility license for failure to
9	timely and completely report within 60 days after the report date established under
10	the schedule determined by the department.
11	<b>SECTION 9.</b> 50.03 (4) (c) 2. of the statutes is renumbered 50.03 (4) (cm) 1. and
12	amended to read:
13	50.03 (4) (cm) 1. A nursing home license is valid until it is revoked or suspended
14	under this section s. 50.02 (3m) (bm)
15	2. Every 12 months, on a schedule determined by the department, a nursing
16	home licensec shall submit a report in the form and containing the information that
17	the department requires, including payment of the fee required under s. 50.135 (2)
18	(a). If a complete report is not timely filed, the department shall issue a warning to
19	the licensee. The department may revoke a nursing home license for failure to timely
20	and completely report within 60 days after the report date established under the
21	schedule determined by the department.
22	SECTION 10. 50.03 (4) (c) 3. of the statutes is created to read:
23	50.03 (4) (c) 3. A community-based residential facility that is in substantial
24	noncompliance with a federal statute or regulation or with an applicable provision
25	of this chapter shall demonstrate that the community-based residential facility
	Frincheding by providing finan

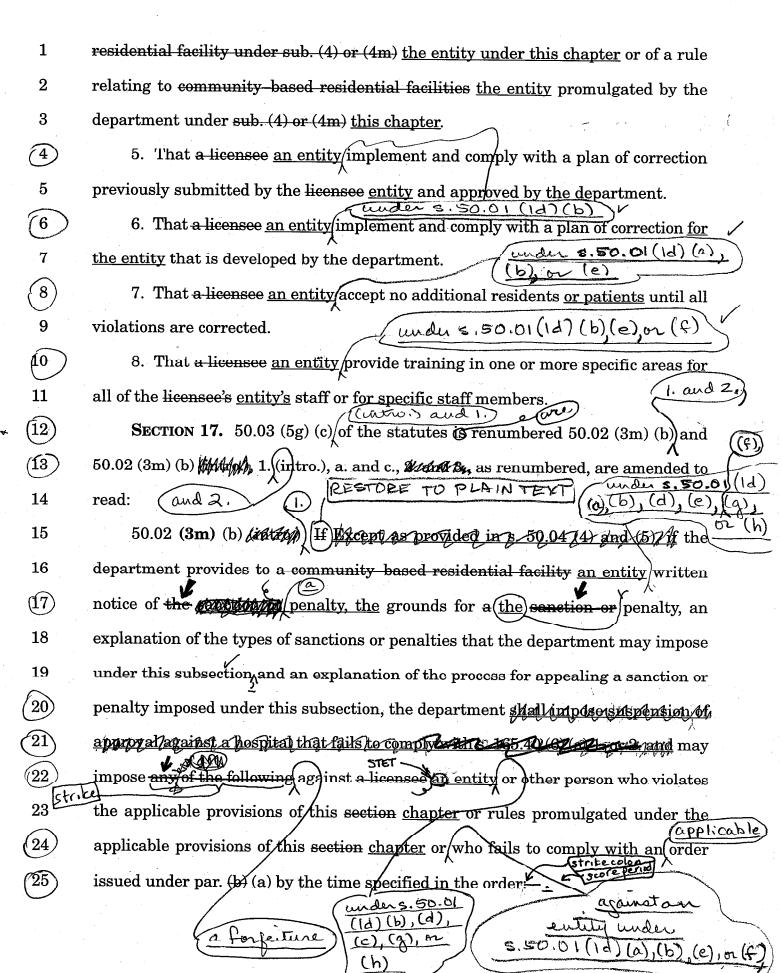
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1	continues to be fit and qualified, as defined by the department by rule under par. (a)
2	1. a., to operate. The department shall promulgate rules defining "substantial
3	noncompliance" for the purposes of this subdivision.
4	SECTION 11. 50.03 (4) (cm) 3. of the statutes is created to read:
5	50.03 (4) (cm) 3. A nursing home that is in substantial noncompliance with a
6	federal statute or regulation or with an applicable provision of this chapter shall
7	demonstrate that the nursing home continues to be fit and qualified, as defined by
8	the department by rule under par. (a) 1. b., to operate. The department shall
9	promulgate rules defining "substantial noncompliance" for the purposes of this
10	subdivision. Crincluding by provide financial or other
11	SECTION 12. 50.03 (4m) of the statutes is repealed. information reque
12	SECTION 13. 50.03 (5) of the statutes is repealed. by the department
13	SECTION 14. 50.03 (5g) (title) of the statutes is renumbered 50.02 (3m) (title)
14	and amended to read:
15	50.02 (3m) (title) SANCTIONS AND PENALTIES FOR COMMUNITY BASED RESIDENTIAL
16	FACILITIES.
17	SECTION 15. 50.03 (5g) (a) of the statutes is repealed.
18	<b>SECTION 16.</b> 50.03 (5g) (b) of the statutes is renumbered 50.02 (3m) (a) and
19	amended to read:
20	50.02 (3m) (a) Except as provided in s. 50.04 (4) and (5), if, based on an
21	investigation made by the department, the department provides to a
22	community based residential facility partity written notice of the grounds for a
23	sanction, an explanation of the types of sanctions that the department may impose
(24)	under this subsection and an explanation of the process for appealing a sanction
	any of the following entities

LRB-0434/P1 DAK:cjs:pg SECTION 16

1	imposed under this subsection, the department may order any of the following
2	sanctions: (au) (under 5.50.01 (1d) (b), (e), or (f
3	1. That a person stop conducting, maintaining or operating the
4	community_based_residential_facility entity if the community_based_residential
5	facility entity is without a valid license or probationary license in violation of sub. (1),
6	continue approval presistration or conditional license certification approval
7	our strations (under 5.50.01 (1d)(b),(e),or
8	2. That, within 30 days after the date of the order under this subdivision the
9	community based residential facility entity terminate the employment of any
10	employed person who conducted, maintained, operated or permitted to be
11	maintained or operated a community based residential facility an entity for which
$\widehat{12}$	licensure approval approval or conditional licensure
13	contification approval prigrishation was revoked before issuance of the
14	department's order. This The order under this subdivision includes employment of
15	a person in any capacity, whether as an officer, director, agent or employee of the
16	community based residential facility entity. Junder 3.50 01 (1d)(b), (entity)
17)	3. That a licensee an entity stop violating any provision of licensure
18)	conflication approval for registration or conditional licensure // configuration
19	approval for registration applicable to a community-based residential facility under
20	sub. (4) or (4m) the entity under this chapter or of rules relating to community-based
21	residential facilities the entity promulgated by the department under sub. (4) or (4m)
22	this chapter (or) (under 5.50.01 (1d) (b), (e), or (f)
23)	4. That a licensee an entity submit a plan of correction for violation of any
24	provision of licensure regretication approval of registration or conditional
25	licensure/pertilitation approval/pertility applicable to a community based



16 17 the statutes is repealed. 50.03(0)2, 13 Suspension of licensure, certification, /18 approval. \_or registration or 19 <u>ecrtification</u> conditional ieensure. registration the 20 -based-residential facility entity for 14 days. 21 Revocation of licensure, certification, approval, or registration or of conditional licensure, certification, approval, or registration as specified in pars. (d) 22

24 SECTION 18. 50.03 (5g) (d) of the statutes is renumbered 50.02 (3m) (c) and

amended to read:

to (g) (c) to (f)

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50.02 (3m) (c) Under the procedure specified in par. (e) (d), the department
shall revoke approval of a hospital that fails to comply with s. 165.40 (6) (a) 1. or 2.
and may revoke a license, certification, approval, or registration or conditional
license, certification, approval, or registration for a licensee an entity for any of the
following reasons:

- 1. The department has imposed a sanction or penalty on the licensee entity under par. (e) (b) and the licensee entity continues to violate or resumes violation of a an applicable provision of licensure under sub. (4) or (4m), certification, approval, or registration or conditional licensure, certification, approval, or registration, a rule relating to the entity promulgated under this subchapter chapter or an order issued under par. (b) (a) that forms any part of the basis for the sanction or penalty.
- 2. The licensee entity or a person under the supervision of the licensee entity has substantially violated a provision of licensure, certification, approval, or registration or conditional licensure, certification, approval, or registration applicable to a community-based residential facility under sub. (4) or (4m) the entity, a rule relating to community-based residential facilities the entity promulgated under this subchapter chapter, or an order issued under par. (b) (a).
- 3. The licensee entity or a person under the supervision of the licensee entity has acted in relation to or has created a condition relating to the operation or maintenance of the community-based residential facility entity that directly threatens the health, safety, or welfare of a resident of the community-based residential facility or patient of the entity.
- 4. The licensee entity or a person under the supervision of the licensee entity has repeatedly violated the same or similar provisions of licensure under sub. (4) or (4m), certification, approval, or registration or conditional licensure, certification,

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1	approval, or registration applicable to the entity, rules relating to the entity
2	promulgated under this subchapter chapter or orders issued under par. (b) (a)
3	<b>SECTION 19.</b> 50.03 (5g) (e) of the statutes is renumbered 50.02 (3m) (d) and
4 , ,	amended to read:
5	50.02 (3m) (d) 1. The department stative loke approval for a hospital that fairs
6	to comply with s 185.48 (a) 17012, Will may revoke a license for a licensee,
7	certification, approval, or registration or conditional license, certification, approval,
8	or registration of an entity for the reason specified in par. (d) (c) 1., 2., 3., or 4. if the
9	department provides the licensee (Att) with written notice of revocation, the
10)	grounds for the revocation and an explanation of the process for appealing the
D)	revocation, at least 30 days before the date of revocation. The department may
2	revoke the license, certification, approval, or registration or conditional license,
13	certification, approval, or registration only if the violation remains substantially
14	uncorrected on the date of revocation or license expiration of the license,
15	certification, approval, or registration or conditional license, certification, approval,
l <b>6</b>	or registration.
L <b>7</b>	2. The department shall revoke approval for a hospital that fails to comply with
l8	s. 165.40 (6) (a) 1. or 2. and may revoke a license, certification, approval, or
19	registration or conditional license, certification, approval, or registration for a
20	licensee an entity for the reason specified in par. (d) (c) 2. or 3. immediately if the
21)	department provides the licensee with written notice of revocation, the
22	grounds for the revocation and an explanation of the process for appealing the
~	Strike

3. The department may deny a license, certification, approval, or registration

or conditional license, certification, approval, or registration for a licensee an entity

	1	whose license, certification, approval, or registration or conditional license,
1	2	certification, approval, or registration was revoked under this paragraph.
<b>/</b>	8-	CSECTION 20. 50.08 50 (f) of the statutes is repealed promoner to 5000 &
USE® 5-3		<b>SECTION 21.</b> 50.03 (5g) (g) 1. and 3. of the statutes are renumbered 50.02 (3m)
<u> </u>	<b>5</b>	(f) 1. and 2. and amended to read:
	6	50.02 (3m) (f) 1. Subject to s. 227.51 (3), revocation shall become effective on
	7	the date set by the department in the notice of revocation, or upon final action after
	8	hearing under ch. 227, or after court action if a stay is granted under sub. (11) (3r),
•	9	whichever is later.
	10	2. The department may extend the effective date of revocation of a license,
	11	certification, approval, or registration or conditional license, certification, approval,
	12	or registration in any case in order to permit orderly removal and relocation of
	13	residents or patients.
K	14	SECTION 22. 50.03 (5m) (a) 2. of the statutes is amended to read:
	<b>1</b> 5	50.03 (5m) (a) 2. The department has suspended or revoked the existing license
	(16)	of the facility as provided under sub. (5) s. 50.02 (3m) (bm)
*	17	SECTION 23. 50.03 (5m) (a) 3. of the statutes is amended to read:
	18	50.03 (5m) (a) 3. The department has initiated revocation procedures under
	19	sub. (5) and has determined that the lives, health, safety, or welfare of the resident
	20	cannot be adequately assured pending a full hearing on license revocation under sub.
	(21)	(5) s. 50.02 (3m) (3m)
<b>«</b>	22	SECTION 24. 50.03 (11) of the statutes is renumbered 50.02 (3r) and amended
	23	to read:
	24	50.02 (3r) JUDICIAL REVIEW. (a) All administrative remedies shall be exhausted
	25	before an agency determination under this subchapter shall be chapter is subject to

- judicial review. Final decisions after hearing shall be are subject to judicial review exclusively as provided in s. 227.52, except that an entity shall file any petition for review of department action under this chapter shall be filed within 15 days after receipt of notice of the final agency determination.
- (b) The court may stay enforcement under s. 227.54 of the department's agency's final decision if a showing is made that there is a substantial probability that the party seeking review will prevail on the merits and will suffer irreparable harm if a stay is not granted, and that the facility entity will meet the applicable requirements of this subchapter chapter and the rules promulgated under this subchapter chapter during such the stay. Where If a stay is granted, the court may impose such conditions on the granting of the stay as may be necessary to safeguard the lives, health, rights, safety, and welfare of residents or patients, and to assure compliance by the facility entity with the requirements of this subchapter chapter.
- (d) The attorney general may delegate to the department the authority to represent the state in any action brought to challenge department decisions actions prior to exhaustion of administrative remedies and final disposition by the department agency.

SECTION 25. 50.03 (13) (c) of the statutes is amended to read:

50.03 (13) (c) Outstanding violations. Violations reported in departmental inspection reports prior to the transfer of ownership shall be corrected, with corrections verified by departmental survey, prior to the issuance of a full regular license to the transferee. The license granted to the transferee shall be subject to the plan of correction submitted by the previous owner and approved by the department and any conditions contained in a conditional license issued to the previous owner. In the case of a nursing home, if there are outstanding violations and no approved

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plan of correction has been implemented, the department may issue a conditional 1 license and plan of correction as provided in s. 50.04 (6) 50.02 (3g). 2 ,3 **Section 26.** 50.034 (8) of the statutes is repealed. (4)SECTION 27. 50.035 (11) of the statutes is repealed. SECTION 28. 50.035 (11) (b) of the statutes is repealed. 5 SECTION 29. 50.035 (11) (c) of the statutes is tenumbered 50.02 (3m) (e) and 6 amended to read!

50.02 (3m) (e) A community-based residential facility An entity may contest the suspension or revocation of a license, certification, approval, or registration or conditional license, certification, approval, or registration or the imposition of a sanction or penalty, including an assessment of a forfeiture, by sending, within 10 days after receipt of notice under par. (b) (d), a written request for a hearing under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1). The administrator of the division may designate a hearing examiner to preside over the case and recommend a decision to the administrator under s. 227.46. The decision of the administrator of the division shall be the final administrative decision. The division shall commence the kearing within 30 days after receipt of the request for a hearing and shall issue a final decision within 15 days after the close of the hearing. Proceedings before the division are governed by ch. 227. In any petition for judicial review under sub (3r) of a decision by the division, the party, other than the petitioner, who was in the proceeding before the division shall be the named respondent

SECTION 30. 50.035 (11) (d) of the statutes is repealed. 23

SECTION 31. 50.035 (11) (e) of the statutes is repealed.

SECTIONX - RP; 50.04 ( **SECTION 32.** 50.04 (4) (e) 3. of the statutes is amended to read:

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50.04 (4) (e) 3. In any petition for judicial review <u>under s. 50.02 (3r)</u> of a decision by the division under subd. 2., the department, if not the petitioner who was in the proceeding before the division under subd. 1., shall be the named respondent.

**SECTION 33.** 50.04 (5) (e) of the statutes is amended to read:

assessment of forfeiture by sending, within 10 days after receipt of notice of a contested action, a written request for hearing under s. 227.44 to the division of hearings and appeals created under s. 15.103 (1). The administrator of the division may designate a hearing examiner to preside over the case and recommend a decision to the administrator under s. 227.46. The decision of the administrator of the division shall be the final administrative decision. The division shall commence the hearing within 30 days of receipt of the request for hearing and shall issue a final decision within 15 days after the close of the hearing. Proceedings before the division are governed by ch. 227. In any petition for judicial review under s. 50.02 (3r) of a decision by the division, the party, other than the petitioner, who was in the proceeding before the division shall be the named respondent.

**SECTION 34.** 50.04 (5) (f) of the statutes is amended to read:

50.04 (5) (f) Forfeitures paid within 10 days. All forfeitures shall be paid to the department within 10 days of receipt of notice of assessment or, if the forfeiture is contested under par. (e), within 10 days of receipt of the final decision after exhaustion of administrative review, unless the final decision is appealed and the order is stayed by court order under s. 50.03 (11) 50.02 (3r). The department shall remit all forfeitures paid to the state treasurer for deposit in the school fund.

**SECTION 35.** 50.04 (6) (title) of the statutes is renumbered 50.02 (3g) (title) and amended to read:

50.02 (3g) (title) CONDITIONAL LICENSE, CERTIFICATION, APPROVAL, OR
REGISTRATION.
<b>SECTION 36.</b> 50.04 (6) (a) of the statutes is renumbered 50.02 (3g) (a) (intro.)
and amended to read:
50.02 (3g) (a) Power of department. (intro.) In addition to the right to assess
forfeitures under sub. (5), the The department may, in addition to assessing
forfeitures under sub. (3m) (b) vissue a conditional license, certification, approval,
or registration, as applicable, to any nursing home if the department finds that either
a class "A" or class "B" violation, as defined in sub. (4), continues to exist in such
home. of the following, under the following conditions:
(b) The issuance of a conditional license shall revoke, certification, approval,
or registration to an entity revokes any outstanding license held by the nursing
home. The nursing home may seek review of a decision to issue a conditional license
as provided under s. 50.03 (5), certification, approval, or registration held under this
chapter by the entity.
<b>SECTION 37.</b> 50.04 (6) (b) of the statutes is renumbered 50.02 (3g) (c) and
amended to read:
50.02 (3g) (c) Violation correction plan. Prior to the issuance of a conditional
license, certification, approval, or registration, the department shall establish a
written plan of correction. The plan shall specify the violations which that prevent
full licensure, certification, approval, or registration and shall establish a time
schedule for correction of the deficiencies. Retention of the conditional license,
certification, approval, or registration by an entity shall be conditional on the entity's
meeting the requirements of the plan of correction.

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<u>ب</u> 1	Section 38.	50.04 (6) (c) of the statutes is renumbered 50.02 (3g)	(d)	and
2	amended to read:			

50.02 (3g) (d) Notice. Written The department shall send to an entity written notice of the decision to issue a conditional license shall be sent to the facility, certification, approval, or registration, together with the proposed plan of correction. The notice shall inform the facility entity of its right to a case conference under par. (e) prior to issuance of the conditional license under par. (d), certification, approval, or registration and of its right under par. (f) to a full hearing under par. (e).

**SECTION 39.** 50.04 (6) (d) of the statutes is renumbered 50.02 (3g) (e) and amended to read:

50.02 (3g) (e) Case conference. If the facility entity desires to have a case conference it shall, within 4 working days of receipt of the notice under par. (e) (d), send a written request for a case conference to the department. The department shall, within 4 working days from the receipt of the request, hold a case conference in the county in which the facility entity is located. Following this conference the department may affirm or overrule its previous decision, or modify the terms of the conditional license, certification, approval, or registration and plan of correction. The conditional license may be issued department may issue the conditional license, certification, approval, or registration after the case conference, or after the time for requesting a case conference has expired, prior to any further hearing.

SECTION 40. 50.04 (6) (e) of the statutes is renumbered 50.02 (3g) (f) and amended to read:

50.02 (3g) (f) Hearing. If after the case conference the licensee entity desires to contest the basis for issuance of a conditional license, certification, approval, or registration or the terms of the license conditional license, certification, approval, or

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registration or plan of correction, the licensee shall send a written request for
hearing to the department within 4 working days after issuance of the conditional
license. The department shall hold the hearing within 30 days of receipt of such
notice and shall immediately notify the licensee of the date and location of the
hearing entity is entitled to a hearing under sub. (3m) (e).

**SECTION 41.** 50.04 (6) (f) of the statutes is renumbered 50.02 (3g) (g) and amended to read:

50.02 (3g) (g) Term; inspection. A conditional license shall be issued The department may issue a conditional license, certification, approval, or registration for a period specified by the department, but in no event for more than one year 12 months. The department shall periodically inspect any nursing home entity that is operating under a conditional license, certification, approval, or registration. If the department finds substantial failure by the nursing home entity to follow the plan of correction, the conditional license may be revoked department may revoke the conditional license, certification, approval, or registration as provided under s. 50.03 (5) sub. (3m) (b) The licensee entity is entitled to a hearing under sub. (3m) (e) on the revocation under s. 50.03 (5), but the department may rely on facts found in a hearing under par. (e) (f) as grounds for revocation.

**SECTION 42.** 50.04 (6) (g) of the statutes is renumbered 50.02 (3g) (h) and amended to read:

50.02 (3g) (h) Expiration. If the department determines that a the conditional license, certification, approval, or registration of an entity shall expire without renewal or replacement of the conditional license, certification, approval, or registration by a regular license, certification, approval, or registration, the department shall so notify the licensee entity at least 30 days prior to expiration of

	1	the conditional license, certification, approval, or registration. The notice shall
	2	comply with notice requirements under s. 50.03 (5) be written, shall state the
-	3	grounds for the expiration without renewal or replacement and shall explain the
	4	process for appealing the expiration without renewal or replacement. The licenses
	5	entity is entitled to a hearing under s. 50.03 (5) sub. (3m) (e) prior to expiration of the
	6	license conditional license, certification, approval, or registration.
N:	SERI -7	SECTION 43. 50.05 (2) (c) of the statutes is amended to read:
	8	50.05 (2) (c) The department has initiated revocation procedures under s. 50.05
	9	(5) 50.02 (3m) (a) and has determined that the lives, health, safety, or welfare of the
	10	residents cannot be adequately assured pending a full hearing on license revocation
K	11	SECTION 44. 50.053 of the statutes is renumbered 50.02 (3m) (em) and amended
	12	to read:
	13	50.02 (3m) (em) Case conference. The department may hold a case conference
	14	with the parties to any contested action under this subchapter chapter to resolve any
	15	or all issues prior to formal hearing. Unless any party to the contested case objects
	16	the department may delay the commencement of the formal hearing in order to hold
	17	the case conference.
K	18	SECTION 45. 50.09 (6) (d) of the statutes is amended to read:
:	19	50.09 (6) (d) The facility shall attach a statement, which summarizes
	20	complaints or allegations of violations of rights established under this section, to the
	21	report required under s. 50.03 (4) (c) 1. or 2. 2m. or (cm) 2. The statement shall
	22	contain the date of the complaint or allegation, the name of the persons involved, the
	23	disposition of the matter and the date of disposition. The department shall consider
	24	the statement in reviewing the report.

the statement in reviewing the report.

Section 46. 50.14 (6) of the statutes is repealed.

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like this please 2001 – 2002 Legislature strike comma Plain Score comma SECTION 47 under s. 50.02 (3m) (bm **SECTION 47.** 50.35 of the statutes is amended to read: Score comme 2 50.35 Application and approval. Application for approval to maintain a 3 hospital shall be made to the department on forms provided by the department. On receipt of an application, the department shall, except as provided in s. 50.498, issue 4 5 a certificate of approval if the applicant and hospital facilities meet the requirements established by the department. Except as provided in s. 50.498, this approval shall 6 be in effect until, for just cause and in the manner herein prescribed, it is suspended Str.le or revoked. The certificate of approval may be issued only for the premises and 9 persons or governmental unit named in the application and is not transferable (10)assignable. The department shall withhold or, under s. 50.02 (3m) withhold or, under s. 50.02 (3m) revoke approval for a failure to comply with s. 165.40 (6) (a) 1. or 2., but, except as 11 12provided in s. 50.498, otherwise may not withhold or, under s. 50.02 (3m) <del>(suspend</del> revoke approval unless for a substantial failure to comply with ss. 50.32 to 50.39  $\overline{13}$ or the rules and standards adopted by the department after giving a reasonable 14 15 notice, a fair hearing and a reasonable opportunity to comply. Failure by a hospital 16 to comply with s. 50.36 (3m) shall be considered to be a substantial failure to comply 17 under this section. 18 **SECTION 48.** 50.37 (1) of the statutes is amended to read: 19 50.37 (1) Suspended or revoked the hospital's approval under s. 50.35 50.02 Revoked 20 bm. **Section 49.** 50.38 of the statutes is repealed. 21 **Section 50.** 50.49 (7) of the statutes is repealed. 50.40 (10) of the statutes is repeat 24 SECTION 52, 50.49(11) of the statutes is created to read?

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	Section 52
1	50.49 (11) CLOSING OF A HOME HEALTH AGENCY. If a home health agency is closing,
	ov.10 (22) Closing of Michigan Adenot. If a nome health agency is closing,
2	or intends to close, all of the following apply:
3	(a) The department may provide, direct, or arrange for planning, placement,
4	and implementation services in order to minimize the trauma associated with the
5	transfer of service delivery to patients and to ensure orderly service provider
6	transfer.
7	(b) The county departments of the county in which the home health agency is
8	located that are responsible for providing services under s. 46.215 (1) (L), 46.22 (1)
9	(b) 1. c., 51.42, or 51.437 shall participate in the development and implementation

15 department or by a court. (c) The home health agency shall: 16

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1. Provide at least 30 days' written notice prior to closing to each patient who is to be transferred to another service provider, to the patient's guardian, if any, and to a member of the patient's family, if practicable, unless the patient requests that notice to the family be withheld.

of individual patient service transfer plans. Any county department of another

county shall participate in the development and implementation of individual

patient service transfer plans in place of the county departments of the county in

which the home health agency is located, if the county department accepts

responsibility for the patient or is delegated responsibility for the patient by the

- 2. Attempt to resolve complaints from patients under this section.
- Identify and, to the greatest extent practicable, attempt to secure an appropriate alternate service provider for each patient to be transferred.
- 4. Consult the patient's physician on the effect on the resident's health of the proposed closing.

1	5. Hold a planning conference at which an individual patient transfer plan will
2	be developed with the patient, with the patient's guardian, if any, and with a member
3	of the patient's family, if practicable, unless the patient requests that a family
4	member not be present.
5	6. Implement the individual patient transfer plan developed under subd. 5.
6	7. Notify the department of its intention to transfer patients to alternate
7	service providers. The notice shall state the facts requiring the proposed transfer of
8	patients and the proposed date of closing.
9	8. At the time the home health agency notifies the department under subd. 7.,
10	submit to the department a preliminary plan that includes:
11	a. The proposed timetable for planning and implementation of transfers and
12	the resources, policies, and procedures that the home health agency will provide or
13	arrange in order to plan and implement the transfers.
14	b. A list of the patients to be transferred and their current levels of care and
15	a brief description of any special needs or conditions.
16	c. An indication of which patients have guardians and the names and addresses
17	of the guardians.
18	d. A list of which patients have been protectively placed under ch. 55.
19	e. A list of the patients whom the home health agency believes to be
20	incompetent.
21	(d) The department shall notify the home health agency within 10 days after
22	receiving the preliminary plan under par. (c) 8., if it disapproves the plan. If the
23	department does not notify the home health agency of disapproval, the plan is
24	deemed approved. If the department disapproves the preliminary plan it shall,

within 10 days of notifying the home health agency, begin working with the home

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- health agency to modify the disapproved plan. No patients may be relocated until
  the department approves the preliminary plan or until a modified plan is agreed
  upon. If a plan is not approved or agreed upon within 30 days of receipt of the notice
  of relocation, the department may impose a plan that the home health agency shall
  carry out.
  - (e) Upon approval of, agreement to, or imposition of a plan for service transfer, the home health agency shall establish a date of closing and shall notify the department of the date. The date may not be earlier than 90 days from the date of approval, agreement, or imposition if 5 to 50 patients will require service transfer, or 120 days from the date of approval, agreement, or imposition if more than 50 patients will require service transfer.

SECTION 53. 50.498 (1) (c) of the statutes is repealed.

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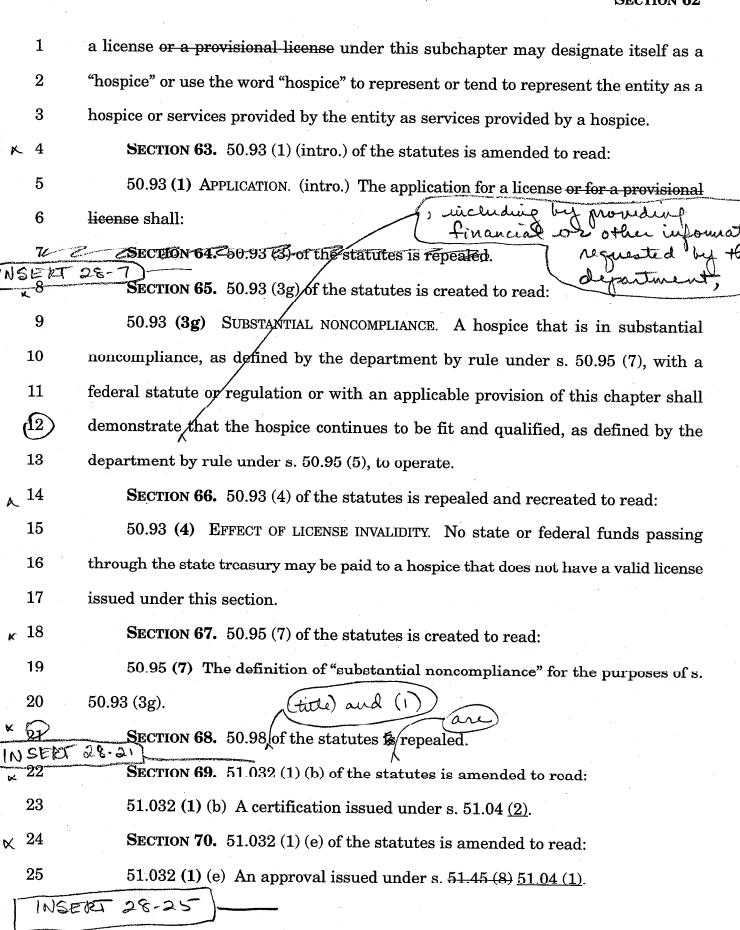
SECTION 54. 50.498 (1m) of the statutes is amended to read:

50.498 (1m) If an individual who applies for a certificate of approval, license or provisional license or a license as specified under sub. (1) does not have a social security number, the individual, as a condition of obtaining the certificate of approval, license or provisional or the license, shall submit a statement made or subscribed under oath or affirmation to the department that the applicant does not have a social security number. The form of the statement shall be prescribed by the department of workforce development. A certificate of approval, license or provisional or a license issued in reliance upon a false statement submitted under this subsection is invalid.

SECTION 55. 50.498 (3) of the statutes is amended to read:

50.498 (3) Except as provided in sub. (1m), the department shall deny an application for the issuance of a certificate of approval, license or provisional or a

	1	license specified in sub. (1) if the applicant does not provide the information specified
	2	in sub. (1). (5 notwithstanding 5.50, 02 (3 m) (bm),
K	3	SECTION 56. 50.498 (4) of the statutes is amended to read:
	4	50.498 (4) The department shall deny an application for the issuance of a
	5	certificate of approval, license or provisional or a license specified in sub. (1) or shall
	6	revoke a certificate of approval, license or provisional or a license specified in sub.
	7	(1), if the department of revenue certifies under s. 73.0301 that the applicant for or
	8	holder of the certificate of approval, license or provisional or the license is liable for
116	9 	delinquent taxes.
110-	10	SECTION 57. 50.51 (2) (b) of the statutes is amended to read:
	11	50.51 (2) (b) Minimum requirements for issuance of a provisional license or a
	12	regular license to rural medical centers.
ĸ	13	SECTION 58. 50.52 (2) (intro.) of the statutes is amended to read:
	14	50.52 (2) (intro.) The department shall issue a provisional license or a regular
	15	license as a rural medical center to an applicant if all of the following are first done:
K	16	SECTION 59. 50.52 (4) of the statutes is amended to read:
	17	SECTION 59. 50.52 (4) of the statutes is amended to read:  50.52 (4) A regular license issued to a rural medical center is valid until it is
	18	—suspended or revoked. A provisional license issued to a rural medical center is valid
	19	for 6 months from the date of issuance.
K	20	SECTION 60. 50.55 (1) of the statutes is repealed.
K	21	SECTION 61. 50.55 (2) (title) of the statutes is repealed and recreated to read:
	22	50.55 (2) (title) PENALTY
K	23	SECTION 62. 50.925 of the statutes is amended to read:
	24	50.925 Use of name or advertising prohibited. No entity that is not a
	25	hospice licensed or conditionally licensed under this subchapter or an applicant for



(8)

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a medical assistance recipient under 3.49.46(2)(b)6.f. or to

SECTION 71. 51.04 of the statutes is repealed and recreated to read:

- 51.04 Treatment facilities. (2) CERTIFICATION. Except as provided in s. 51.032, an approved treatment facility may apply to the department for certification of the facility for the receipt of funds for services provided as a benefit to a community aids funding recipient under s. 51.423 (2) or provided as mandated coverage under s. 632.89. The department shall annually charge a fee for each certification.
- (3) CONDITIONAL APPROVAL. (a) The department may, in addition to assessing forfeitures under sub. (4) (4) (4), issue a conditional approval to any treatment facility if the department finds that a violation by the treatment facility of an applicable provision of this chapter or of a rule promulgated under an applicable provision of this chapter continues to exist.
- (b) The issuance of a conditional approval to a treatment facility revokes any outstanding approval held under this section by the treatment facility.
- (c) Prior to the issuance of a conditional approval, the department shall establish a written plan of correction. The plan shall specify the violations that prevent full approval and shall establish a time schedule for correction of the deficiencies. Retention of the conditional approval by a treatment facility shall be conditional on the treatment facility's meeting the requirements of the plan of correction.
- (d) The department shall send to a treatment facility written notice of the decision to issue a conditional approval, together with the proposed plan of correction. The notice shall inform the treatment facility of its right to a case conference prior to issuance of the conditional approval and of its right under par. (f) to a hearing.

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1	(e) If the treatment facility desires to have a case conference it shall, within 4
2	working days of receipt of the notice under par. (d), send a written request for a case
3	conference to the department. The department shall, within 4 working days from the
<b>4</b> .	receipt of the request, hold a case conference in the county in which the treatment
5	facility is located. Following this conference the department may affirm or overrule
6	its previous decision, or modify the terms of the conditional approval and plan of
7	correction. The department may issue the conditional approval after the case
8	conference, or after the time for requesting a case conference has expired, prior to any
9	further hearing.
10	(f) If after the case conference the treatment facility desires to contest the basis
11	for issuance of a conditional approval or the terms of the conditional approval or plan
<u>(12)</u>	of correction, the treatment facility is entitled to a hearing under sub. (4)
13	(g) The department may issue a conditional approval for a period specified by
14	the department, but in no event for more than 12 months. The department shall
15	periodically inspect any treatment facility that is operating under a conditional
16	approval. If the department finds substantial failure by the treatment facility to
17	follow the plan of correction, the department may revoke the conditional approval as
(18)	provided under sub. (4) (4). The treatment facility is entitled to a hearing under sub.
<b>(19)</b>	(4) (a) on the revocation, but the department may rely on facts found in a hearing
(20)	under par. (1) as grounds for revocation.
21	(h) If the department determines that the conditional approval of a treatment
22	facility shall expire without renewal or replacement of the conditional approval by
23	an approval under sub. (1), the department shall so notify the treatment facility at

least 30 days prior to expiration of the conditional approval. The notice shall be

written, shall state the grounds for the expiration without renewal or replacement,

Cas specified

- and shall explain the process for appealing the expiration without renewal or replacement. The treatment facility is entitled to a hearing under sub. (4) (5) prior to expiration of the conditional approval.
  - (4) SANCTIONS AND PENALTIES. (a) If, based on an investigation made by the department, the department provides to a treatment facility written notice of the grounds for a sanction, an explanation of the types of sanctions that the department may impose under this subsection, and an explanation of the process for appealing a sanction imposed under this subsection, the department may order any of the following sanctions:
  - 1. That a person stop conducting, maintaining, or operating the treatment facility if the treatment facility is without a valid approval.
  - 2. That, within 30 days after the date of the order, the treatment facility terminate the employment of any employed person who conducted, maintained, operated, or permitted to be maintained or operated a treatment facility for which approval was revoked before issuance of the department's order. The order under this subdivision includes employment of a person in any capacity, whether as an officer, director, agent, or employee of the treatment facility.
  - 3. That a treatment facility stop violating any provision of approval applicable to a treatment facility under this chapter or of rules relating to the treatment facility promulgated by the department under this chapter.
  - 4. That a treatment facility submit a plan of correction for violation of any provision of approval applicable to the treatment facility under this chapter or of a rule relating to the treatment facility promulgated by the department under this chapter.

violation.

1 5. That a treatment facility implement and comply with a plan of correction previously submitted by the treatment facility and approved by the department. 2 6. That a treatment facility implement and comply with a plan of correction for 3 4 the treatment facility that is developed by the department. 7. That a treatment facility accept no additional patients until all violations are 5 6 corrected. 8. That a treatment facility provide training in one or more specific areas for 7 8 all of the treatment facility's staff or for specific staff members. If the department provides to a treatment facility written notice of the 9 (10)sanction or penalty, the grounds for the sanction or penalty, an explanation of the types of sanctions or penalties that the department may impose under this 11 12 subsection, and an explanation of the process for appealing a sanction or penalty (13)imposed under this subsection, the department may impose any of the following 14 against a treatment facility or other person who violates the applicable provisions (15)of this chapter or rules promulgated under the applicable provisions of this chapter or who fails to comply with an order issued under par (a) by the time specified in the ovacet: \$2,000 1. A daily forfeiture amount per violation of not less than \$10 nor more than 18 \$3,000 for each violation, with each day of violation constituting a separate offense. 19 20 All of the following apply to a forfeiture under this subdivision: a. Within the limits specified in this subdivision, the department may, by rule, 21 22 set daily forfeiture amounts and payment deadlines based on the size of the treatment facility, the type of the treatment facility, and the seriousness of the 23

The department may set daily forfeiture amounts that increase

1	periodically within the statutory limits if there is continued failure to comply with
2	an order issued under par. (a).
3	b. The department may directly assess a forfeiture imposed under this
4	subdivision by specifying the amount of that forfeiture in the notice provided under
5	this paragraph.
6	c. A treatment facility assessed a forfeiture shall pay the forfeiture to the
7	department within 10 days after receipt of notice of assessment or, if the forfeiture
8	is contested under par. (a), within 10 days after receipt of the final decision after
9	exhaustion of administrative review, unless the final decision is appealed and the
10	order is stayed by court order under sub. (5). The department shall remit all
11	forfcitures paid under this subdivision to the state treasurer for deposit in the school
12	fund.
13	d. The attorney general may bring an action in the name of the state to collect
14	any forfeiture imposed under this subdivision if the forfeiture has not been paid
15	following the exhaustion of all administrative and judicial reviews. The only issue
16	to be contested in any such action shall be whether the forfeiture has been paid.
<b>1</b> 7	2. Suspension of approval for the treatment facility for Marie (b)
18)	3. Revocation of approval or of conditional approval as specified in pars. (a) to
<b>1</b> 9)	(b). (b)
20	Under the procedure specified in par. (4), the department may revoke an
21	approval for a treatment facility for any of the following reasons:
22	1. The department has imposed a sanction or penalty on the treatment facility
23	under par. ( ) and the treatment facility continues to violate or resumes violation of
24	an applicable provision of approval or of conditional approval, a rule relating to the

1	treatment facility promulgated under this chapter, grant state is such ander per take
2	that for his any part of the basis fourthe sanction or hendly
3	2. The treatment facility or a person under the supervision of the treatment
4	facility has substantially violated a provision of approval applicable to the treatment
(5)	facility a rule relating to the treatment facility promulgated under this chapter
<b>6</b>	andrerissued under function
7	3. The treatment facility or a person under the supervision of the treatment
8	facility has acted in relation to or has created a condition relating to the operation
9	or maintenance of the treatment facility that directly threatens the health, safety,
10	or welfare of a patient of the treatment facility.
. 11	4. The treatment facility or a person under the supervision of the treatment
12	facility has repeatedly violated the same or similar provisions of approval or
<b>13</b>	conditional approval applicable to the treatment facility rules relating to the
<b>1</b> 4	treatment facility promulgated under this chapter, or orders issued ander parallel
15	1. The department may revoke an approval or conditional approval for a
<b>16</b>	treatment facility for the reason specified in par. (1) 1., 2., 3., or 4. if the department
17	provides the treatment facility with written notice of revocation, the grounds for the
18	revocation, and an explanation of the process for appealing the revocation, at least
19	30 days before the date of revocation. The department may revoke the approval or
20	conditional approval only if the violation remains substantially uncorrected on the
21	date of revocation or expiration of the approval or conditional approval.
22	2. The department may revoke an approval or conditional approval for a
23	treatment facility for the reason specified in par. (2) 2. or 3. immediately if the
24	department provides the treatment facility with written notice of revocation, the

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- decisions after hearing are subject to judicial review exclusively as provided in s. 227.52, except that a treatment facility shall file any petition for review of department action under this chapter within 15 days after receipt of notice of the final agency determination.
- (b) The court may stay enforcement under s. 227.54 of the agency's final decision if a showing is made that there is a substantial probability that the party seeking review will prevail on the merits and will suffer irreparable harm if a stay is not granted, and that the treatment facility will meet the applicable requirements of this chapter and the rules promulgated under this chapter during the stay. If a stay is granted, the court may impose such conditions on the granting of the stay as may be necessary to safeguard the lives, health, rights, safety, and welfare of patients and to assure compliance by the treatment facility with the requirements of this chapter.
- (c) The attorney general may delegate to the department the authority to represent the state in any action brought to challenge department actions prior to exhaustion of administrative remedies and final disposition by the agency.

**SECTION 72.** 51.08 of the statutes is amended to read:

51.08 Milwaukee County Mental Health Complex. Any county having a population of 500,000 or more may, pursuant to s. 46.17, establish and maintain a county mental health complex. The county mental health complex shall be a hospital devoted to the detention and care of drug addicts, alcoholics, chronic patients, and mentally ill persons whose mental illness is acute. Such The hospital shall be governed pursuant to under s. 46.21. Treatment of alcoholics at the county mental health complex is subject to approval by the department under s. 51.45 (8) 51.04 (1).

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ENFORCEMENT PROCEDURES APPROVAL.

1	The county mental health complex established pursuant to under this section is
2	subject to rules promulgated by the department concerning hospital standards.
3	SECTION 73. 51.09 of the statutes is amended to read:
4	51.09 County hospitals. Any county having a population of less than 500,000
5	may establish a hospital or facilities for the detention and care of mentally ill
6	persons, alcoholics, and drug addicts; and in connection therewith a hospital or
7	facility for the care of cases persons afflicted with pulmonary tuberculosis. County
8	hospitals established pursuant to <u>under</u> this section are subject to rules promulgated
9	by the department concerning hospital standards, including standards for alcoholic
10	<u>treatment facilities under s. 51.45 (8) 51.04 (1)</u> .
ひ 11	Section 74. 51.45 (2) (b) of the statutes is amended to read:
12	51.45 (2) (b) "Approved private treatment facility" means a private agency
13	meeting the standards <del>prescribed in sub. (8) (a) of,</del> and approved under sub. (8) (c),
14	<u>s. 51.04 (1)</u> .
15	SECTION 75. 51.45 (2) (c) of the statutes is amended to read:
16	51.45 (2) (c) "Approved public treatment facility" means a treatment agency
17	operating under the direction and control of the department or providing treatment
18	under this section through a contract with the department under sub. (7) (g) or with
19	the county department under s. 51.42 (3) (ar) 2., and meeting the standards
20	prescribed in sub. (8) (a) of, and approved under sub. (8) (c), s. 51.04 (1).
21	SECTION 76. 51.45 (8) (title) of the statutes is renumbered 51 04 (1) (title) and
22	amended to read:
23	51 04 (1) (title) STANDARDS FOR DURING AND PRIMATE TRANSPORT TO SEE THE SEE

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1	SECTION 77.	51.45 (8) (a) of the statutes is renumbered 51.04 (1) (a) an
2	amended to read:	

51.04 (1) (a) The department shall establish minimum standards for approved treatment facilities that must be met for a treatment facility to be approved as a public or private treatment facility approval, except as provided in s. 51.032, of public and private treatment facilities and fix shall specify the fees to be charged by the department for the required inspections. The standards may concern only the health standards to be met and standards of treatment to be afforded patients and shall distinguish between facilities rendering different modes of treatment. In setting standards, the department shall consider the residents' needs and abilities, the services to be provided by the facility, and the relationship between the physical structure and the objectives of the program. Nothing in this subsection shall may be construed to prevent county departments from establishing reasonable higher standards.

**SECTION 78.** 51.45 (8) (b) of the statutes is renumbered 51.04 (1) (b).

SECTION 79. 51.45 (8) (c) of the statutes is renumbered 51.04 (1) (c) and amended to read:

51.04 (1) (c) Approval of a No treatment facility must be secured that is not approved under this section before application subsection may apply for a grant—in—aid for such facility under s. 51.423 or before treatment in any facility is rendered render treatment to patients.

SECTION 80. 51.45 (8) (d) of the statutes is renumbered 51.04 (1) (d) and amended to read:

51.04 (1) (d) Each An approved public and private treatment facility shall file with the department on request, data, statistics, schedules and information the

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DECTION OF
(50.93(3)
department reasonably requires, including any data or information specified under
s. 46.973 (2m). An approved public or private The approval of a treatment facility
that without good cause fails to furnish any data, statistics, schedules or information
as requested, or files fraudulent returns thereof, shall be removed from the list of
approved treatment facilities, is subject to revocation.
SECTION 81. 51.45 (8) (e) of the statutes is repealed.
SECTION 82. 51.45 (8) (f) of the statutes is repealed.
SECTION 83. 73.0301 (1) (d) 3. of the statutes is amended to read:
73.0301 (1) (d) 3. A license, certificate of approval, provisional license,

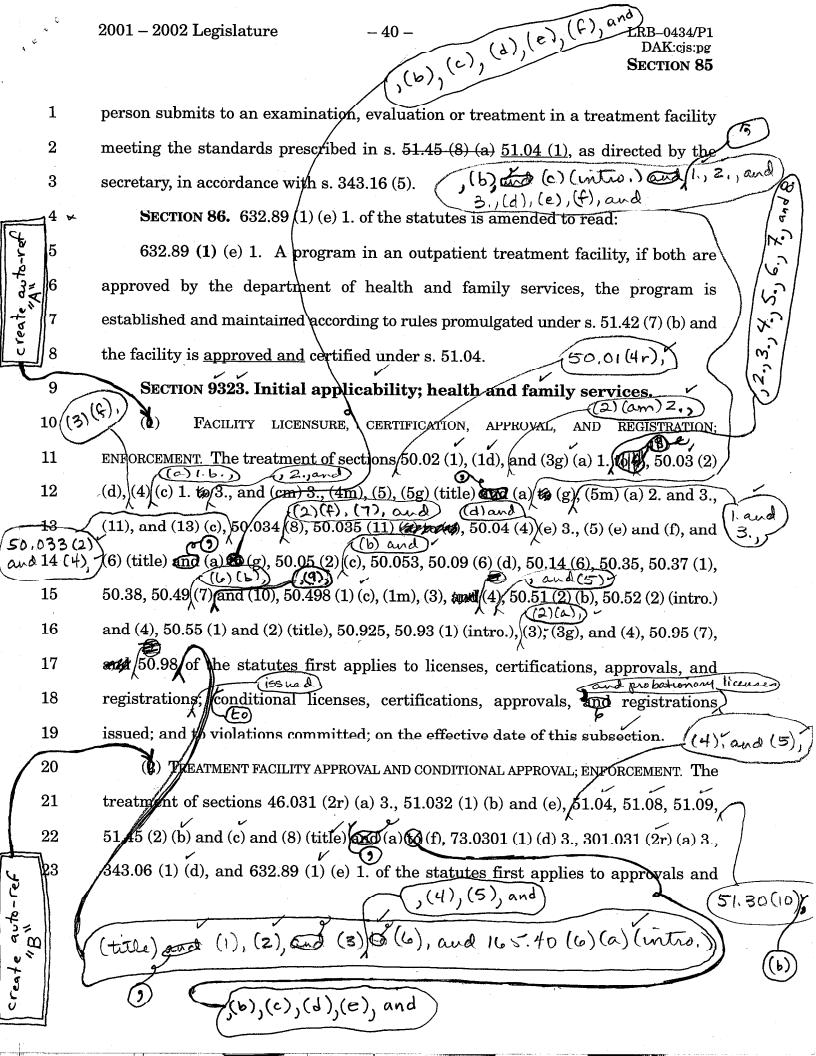
conditional license, certification, certification card, registration, permit, training permit ex, approval, or conditional license, certification, approval, or registration specified in s. 50.02 (3g), 50.35, 50.49 (6) (a) (er (10)), (51.038, 51.04 (1), (2), or (3), 51.42 (7) (b) 11., 51.421 (3) (a), 51.45 (8), 146.40 (3) or (3m), 146.50 (5) (a) or (b), (6g) (a), (7) or (8) (a) or (f), 250.05 (5), 252.23 (2), 252.24 (2), 254.176, 254.20 (3), 255.08 (2) (a) or 343.305 (6) (a) or a permit for operation of a campground specified in s. 254.47 (1).

[NSEPT 39-15] SECTION 84. 301.031 (2r) (a) 3. of the statutes is amended to read:

301.031 (2r) (a) 3. Is for the treatment of alcoholics in treatment facilities which have not been approved by the department of health and family services in accordance with s. 51.45 (8) 51.04 (1) or which have not been conditionally approved by the department of health and family services in accordance with s. 51.04 (3).

**SECTION 85.** 343.06 (1) (d) of the statutes is amended to read:

343.06 (1) (d) To any person whose dependence on alcohol has attained such a degree that it interferes with his or her physical or mental health or social or economic functioning, or who is addicted to the use of controlled substances or controlled substance analogs, except that the secretary may issue a license if the



- 1 conditional approvals issued and to violations committed on the effective date of this
- 1NSERT 41-2

(END)

D-NOTE

## 2001–2002 DRAFTING INSERT FROM THE LEGISLATIVE REFERENCE BUREAU

INSERT 4-4

**SECTION 1.** 50.01 (4r) of the statutes is amended to read: 1  $\mathbf{2}$ 50.01 (4r) "Plan of correction" means a nursing home's an applicable entity's 3 response to alleged deficiencies cited by the department on forms provided by the 4 department. History: 1975 c. 413; 1977 c. 170, 418; 1979 c. 111; 1983 a. 189 s. 329 (18); 1985 a. 29, 276; 1985 a. 332 s. 251 (1); 1987 a. 127, 161; 1989 a. 31, 136, 199; 1991 a. 39; 1993 a. 327, 446, 491; 1995 a. 27; 1997 a. 13, 27, 156, 237; 1999 a. 22, 32. INSERT 5-12 5 **Section 2.** 50.02 (2) (am) 2. of the statutes is amended to read: 50.02 (2) (am) 2. For the purposes of s. 50.033, establishing minimum 6 7 requirements for licensure, licensure application procedures and forms, standards for operation and procedures for monitoring, and inspection, revocation and appeal 8 9 underscore, rather than of revocation. STRIKE History: 1971 c. 125, 161; 1973 c. 122, 323, 327, 333; 1975 c. 119, 260; 1975 c. 413 ss. 5 to 8: 1977 c. 29, 170, 418; 1981 c. 20, 121, 391; 1983 a. 542; 1985 a. 29; 1987 a. 161; 1989 a. 336; 1991 a. 250; 1993 a. 16, 327; 1995 a. 27 ss. 3222 to 3225, 9116 (5); 1995 a. 98; 1997 a. 237; 1999 a. 9, 103 **INSERT 12–23** 10 SECTION 3. 50.03 (5g) (c) 3. of the statutes is renumbered 50.02 (3m) (bm) and 11 amended to read: 12 50.02 (3m) (bm) Revocation If the department provides to an entity written 13 notice of revocation, the grounds for the revocation, an explanation of the types of 14 sanctions or penalties that the department may impose under this subsection and an explanation of the process for appealing a sanction or penalty imposed under this 15 16 subsection, the department may impose revocation of licensure, certification, approval, or registration or conditional licensure, certification, approval, or 17 registration as specified in pars. (d) to (g) (c) to(f). 18

History: 1975 c. 413; 1977 c. 29, 170, 205, 272, 418, 447; 1979 c. 221; 1981 c. 20, 72, 121; 1981 c. 314 s. 146; 1985 a. 29 ss. 1058, 3202 (56) (a); 1985 a. 176; 1985 a. 182 s. 57; 1985 a. 332 s. 251 (1). (3); 1987 a. 27, 127, 399; 1989 a. 31, 359; 1991 a. 39, 221; 1993 a. 27, 112, 375, 491; 1995 a. 27 ss. 3227 to 3232, 9126 (19); 1997 a. 27, 114.

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SECTION 4. 50.03 (5g) (f) of the statutes is renumbered 50.02 (3m) (e) and

amended to read:

50.02 (3m) (e) If a community based residential facility an entity desires to contest the revocation of a license or to contest the imposing imposition of a sanction or penalty, including an assessment of forfeiture, under this subsection, or the issuance or terms of a conditional license, certification, approval, or registration under sub. (3g), the community based residential facility entity shall, within 10 days after receipt of notice under par. (e) notify the department in writing of its request for a hearing under s. 227.44. The department shall hold the hearing a prehearing conference within 30 days after receipt of such the notice and shall send notice to the community based residential facility entity of the a hearing as provided under s. 227.44 (2). This paragraph does not apply to the issuance of a notice of violation or the requirement to submit a plan of correction.

History: 1975 c. 413; 1977 c. 29, 170, 205, 272, 418, 447; 1979 c. 221; 1981 c. 20, 72, 121; 1981 c. 314 s. 146; 1985 a. 29 ss. 1058, 3202 (56) (a); 1985 a. 176; 1985 a. 182 s. 57; 1985 a. 332 s. 251 (1), (3); 1987 a. 27, 127, 399; 1989 a. 31, 359; 1991 a. 39, 221; 1993 a. 27, 112, 375, 491; 1995 a. 27 ss. 3227 to 3232, 9126 (19); 1997 a. 27, 114.

#### **INSERT 17–2**

SECTION 5. 50.033 (2) of the statutes is amended to read:

50.033 (2) REGULATION. Standards for operation of licensed adult family homes and procedures for application for licensure, monitoring, and inspection, revocation and appeal of revocation under this section shall be under rules promulgated by the department under s. 50.02 (2) (am) 2. An adult family home licensure is valid until revoked under this section s. 50.02 (3m) (hm). Licensure is not transferable. The biennial licensure fee for a licensed adult family home is \$135. The fee is payable to the county department under s. 46.215, 46.22, 46.23, 51.42 or 51.437, if the county department licenses the adult family home under sub. (1m) (b), and is payable to the

٠	1	department, on a schedule determined by the department if the department licenses
	2	the adult family home under sub. (1m) (b).
•	3	History: 1993 a. 327; 1995 a. 27; 1997 a. 27; 1999 a. 9.  SECTION 6. 50.033 (4) of the statutes is repealed.
	4	SECTION 7. 50.034 (2) (f) of the statutes is amended to read:
	5	50.034 (2) (f) Establishing standards and procedures for appeals of revocations
	6	of certification or refusal to issue or renew certification.
	7	History: 1995 a. 27; 1997 a. 13, 252; 1999 a. 9, 63, 185.  SECTION 8. 50.034 (7) of the statutes is repealed.
		INSERT 22-6
′	8	<b>SECTION 9.</b> 50.05 (2) (b) of the statutes is amended to read:
	9	50.05 (2) (b) The department has suspended or revoked the existing license of
	10	the facility.
		History: 1977 c. 112; 1979 c. 32 s. 92 (9); 1979 c. 34; 1981 c. 121; 1983 a. 27 s. 2202 (20); 1985 a. 29 s. 3200 (23) (b), (c); 1987 a. 27; 1989 a. 31; 1993 a. 112, 453; 1995 a. 27, 224, 227; 1997 a. 27, 35; 1999 a. 83.
		<b>✓ INSERT 23–21</b>
	11	SECTION 10. 50.49 (6) (b) of the statutes is amended to read:
	12	50.49 (6) (b) A home health agency license is valid until suspended or revoked,
	13	except as provided in s. 50.498.
		History: 1981 c. 93 ss. 162 to 166, 184; 1989 a. 31, 316; 1993 a. 27 s. 279; Stats. 1993 s. 50.49; 1993 a. 482; 1995 a. 225; 1997 a. 27, 237; 1999 a. 9, 83.  INSERT 23–23
	14	SECTION 11. 50.49 (9) of the statutes is repealed.
	<b>15</b>	SECTION 12. 50.49 (10) of the statutes is amended to read:
	16	50.49 (10) PROVISIONAL PROBATIONARY LICENSES. Except as provided in s. 50.498,
	17	a provisional probationary license if approved by the department may be issued to
	18	any home health agency, the facilities of which are in use or needed for patients, but
	19	which is temporarily unable to conform to all the rules established under this section.
	20	A provisional probationary license may not be issued for more than one year.

History: 1981 c. 93 ss. 162 to 166. 184; 1989 a. 31, 316; 1993 a. 27 s. 279; Stats. 1993 s. 50.49; 1993 a. 482; 1995 a. 225; 1997 a. 27, 237; 1999 a. 9, 83.

### **INSERT 26-12**

1 Section 13. 50.498 (1) (c) of the statutes is amended to read:

2 50.498 (1) (c) A provisional probationary license under s. 50.49 (10).

History: 1997 a. 237; 1999 a. 9.

### **INSERT 27-9**

SECTION 14. 50.498 (5) of the statutes is amended to read:

4 50.498 (5) An Notwithstanding s. 50.02 (3m) (e), an action taken under sub. (3)

or (4) is subject to review only as provided under s. 73.0301 (2) (b) and (5).

History: 1997 a. 237; 1999 a. 9.

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#### **INSERT 28-7**

**SECTION 15.** 50.93(2) (a) of the statutes is amended to read:

7 50.93 (2) (a) A hospice license is valid until suspended or revoked.

8 SECTION 16. 50.93 (3) of the statutes is amended to read:

50.93 (3) PROVISIONAL PROBATIONARY LICENSE. If the applicant has not been previously licensed under this subchapter or if the hospice is not in operation at the time that application is made, the department may issue a provisional probationary license. Unless sooner suspended or revoked under sub. (4), a provisional probationary license shall be valid for 24 months from the date of issuance. Within 30 days prior to the termination of a provisional probationary license, the department shall fully and completely inspect the hospice and, if the hospice meets the applicable requirements for licensure, shall issue a regular license under sub. (2). If the department finds that the hospice does not meet the requirements for licensure, the department may not issue a regular license under sub. (2).

History: 1989 a. 199; 1991 a. 39; 1997 a. 27.

#### **INSERT 28–21**

SECTION 17. 50.98 (2) of the statutes is renumbered 50.02 (3m) (b) and amended to read:

50.02 (3m) (b) 1/2. In determining whether a forfeiture is to be imposed under subd. 1. and in fixing the amount of the forfeiture to be imposed, if any, for a violation, the department shall consider the following factors shall be considered:

The gravity of the violation, including the probability that death or serious physical or psychological harm to a resident <u>or patient</u> will result or has resulted; the severity of the actual or potential harm; and the extent to which the provisions of the applicable statutes or rules were violated.

Good faith exercised by the licensee entity. Indications of good faith include, but are not limited to, awareness of the applicable statutes and regulation and reasonable diligence in complying with such requirements, prior accomplishments manifesting the licensee's desire to comply with the requirements, efforts to correct and any other mitigating factors in favor of the licensee entity.

Any previous violations committed by the licensee entity.

The financial benefit to the hospice entity of committing or continuing the violation.

History: 1989 a. 199.

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SECTION 18. 50.98 (3) to (6) of the statutes are repealed.

## **INSERT 28–25**

SECTION 19. 51.032 (4) of the statutes is amended to read:

51.032 (4) The department shall deny an application for the issuance of a certification or approval specified in sub. (1) or shall, notwithstanding s. 51.04 (4), revoke a certification or approval specified in sub. (1) if the department of revenue certifies under s. 73.0301 that the applicant for or holder of a certification or approval is liable for delinquent taxes.

History: 1997 a. 237; 1999 a. 9.

**SECTION 20.** 51.032 (5) of the statutes is amended to read:

1 51.032 (5) An Notwithstanding s. 51.04 (4), action taken under sub. (3) or (4) 2 is subject to review only as provided under s. 73.0301 (2) (b) and (5). History: 1997 a. 237; 1999 a. 9. **INSERT 37–10 SECTION 21.** 51.30 (10) (b) of the statutes is amended to read: 3 4 51.30 (10) (b) Whoever Notwithstanding s. 51.04 (4) (a), whoever negligently discloses confidential information under this section is subject to a forfeiture of not 5 6 more than \$1,000 for each violation. History: 1975 c. 430; 1977 c. 26 s. 75; 1977 c. 61, 428; 1979 c. 110 s. 60 (1); 1983 a. 27, 292, 398, 538; 1985 a. 29, 176; 1985 a. 292 s. 3; 1985 a. 332 ss. 97, 98, 251 (1); 87 a. 352, 355, 362, 367, 399, 403; 1989 a. 31, 334, 336; 1991 a. 39, 189; 1993 a. 196, 445, 479; 1995 a. 169, 440; 1997 a. 35, 231, 237, 283, 292; 1999 a. 32, 78, 79, 109; INSERT 39–15 7 SECTION 22. 165.40 (6) (a) (intro.) of the statutes is amended to read: 165.40 (6) (a) (intro.) No certificate of approval to maintain a hospital may be 8 issued under s. 50.35 and a certificate of approval that has been issued under that 9 10 section shall be suspended or revoked if any of the following occurs: ,2.,3.,4.,5.,6.,7.,an History: 1997 a. 93; 1999 a. 32. INSERT 41-2 11 Section 9423. Effective dates; health and family services. 12 (1) FACILITY AND TREATMENT FACILITY, ENFORCEMENT. The treatment of sections 46.031 (2r) (a) 3., 50.01 (4r), 50.02 (1), (1d), (2) (am) 2., and (3g) (a) 1. 88, 50.03 (2) 13 (d), (3) (f), (4) (a) 1. b., (c) 1., 2., and 3., and (cm) 3., (4m), (5), (5g) (title) and (a), (b), 14 15 (c) (intro.) and 1., 2., and 3., (d), (c), (f), and (g) 1. and 3., (5m) (a) 2. and 3., (11), and (13) (c), 50.033 (2) and (4), 50.034 (2) (f), (7), and (8), 50.035 (11), 50.04 (4) (d) and 16 (e) 3., (5) (e) and (f), and (6) (title), (a), (b), (c), (d), (e), (f), and (g), 50.05 (2) (b) and (c), 17 50.053, 50.09 (6) (d), 50.14 (6), 50.35, 50.37 (1), 50.38, 50.49 (6) (b), (7), (9), and (10), 18 50.498 (1) (c), (1m), (3), (4), and (5), 50.51 (2) (b), 50.52 (2) (intro.) and (4), 50.55 (1) 19 and (2) (title), 50.925, 50.93 (1) (intro.), (2) (a), (3), (3g), and (4), 50.95 (7), 50.98 (title), 20 21 (1), (2), and (3) to (6), 51.032 (1) (b) and (e), (4), and (5), 51.04, 51.08, 51.09, 51.30 (10)

9(4), (5), and

1 (b), 51.45 (2) (b) and (c), (8) (title), (a), (b), (c), (d), (e), and (f), 73.0301 (1) (d) 3., 165.40

2 (6) (a) (intro.), 301.031 (2r) (a) 3., 343.06 (1) (d), 632.89 (1) (e) 1. of the statutes and

3 (SECTION 9323 (1)) and (2) of this act take effect on the first day of the 7th month

beginning after publication.

4

use auto-ref "A" from page 40 line 10 use autoreb "B" from page 40 line 20

# DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

To Melissa Mullikin:

1. I repealed ss. 50.38 (4) and 50.49 (9), which provide order enforcement by the attorney general, because in cluded hospitals and home health agencies in s. 50.02 (3m) (a) (renumbered from 50.03 (5g) (b)). Okay?

2. I reworked ss. 50.02 (3m) (d) (renumbered from 50.03 (5g) (e), which was, in part, redundant to 50.02 (3m) (bm); in addition) in s. 50.02 (3m) (d) 1., I deleted the requirement that DHFS revoke approval for a hospital that fails to comply with s 165.40 (6) (a) 1. or 2., since that provision was redundant to the DHFS requirement in s. 50.02 (3m) (d) 2.

3. Is my treatment of ss 50.498 (4) and (5), 51.032 (4) and (5), and 51.30 (10) (b), stats., correct?

Debora A. Kennedy Managing Attorney Phone: (608) 266–0137

(renumbered 50.03(69)(c)3.)

E-mail: debora.kennedy@legis.state.wi.us

S.

## DRAFTER'S NOTE FROM THE LEGISLATIVE REFERENCE BUREAU

LRB-1686/1dn DAK:cjs:kjf

January 19, 2001

#### To Melissa Mullikin:

- 1. I repealed ss. 50.38 (4) and 50.49 (9), which provide order enforcement by the attorney general, because I included hospitals and home health agencies in s. 50.02 (3m) (a) (renumbered from 50.03 (5g) (b)). Okay?
- 2. I reworked s. 50.02 (3m) (d) (renumbered from 50.03 (5g) (e)), which was, in part, redundant to s. 50.02 (3m) (bm) (renumbered from s. 50.03 (5g) (c) 3.); in addition, in s. 50.02 (3m) (d) 1., I deleted the requirement that DHFS revoke approval for a hospital that fails to comply with s. 165.40 (6) (a) 1. or 2., since that provision was redundant to the DHFS requirement in s. 50.02 (3m) (d) 2.
- 3. Is my treatment of ss. 50.498 (4) and (5), 51.032 (4) and (5), and 51.30 (10) (b), stats., correct?

Debora A. Kennedy Managing Attorney Phone: (608) 266–0137

E-mail: debora.kennedy@legis.state.wi.us

## Kennedy, Debora

From:

Forsaith, Andrew

Sent:

Wednesday, January 24, 2001 12:12 PM

To:

Kennedy, Debora Mullikin, Melissa

Cc: Subject:

Re: FW: LRB Draft: 01-1686/1 Forfeitures levied against facilities and treatment facilities

Thanks for sharing this draft and for incorporating the comments we had on the first draft. We a few more comments/requests:

1) Nursing home probationary licenses: We strongly urge that s.50.03(4m) not be deleted (see section 14 of the draft.) Irene Temple had raised this issue when reviewing the first comment, but I didnt pass along the comment in my emails to you. This paragraph allows us to issue a 12 month probationary license when a nursing home is first licensed or when the home is sold to a new entity. If the nursing home follows the rules In that first year, It is then issued a permanent license, which is valid until revoked. If it turns out to have poor compliance, then the probationary license expires. Without this paragraph, BQA would have to issue a permanent license immediately, then go through the difficult process of license revocation if the nursing home has poor compliance. Probationary licenses are an important in keeping the bad actors out of the industry.

Restoring s.50.03(4m) is consistent with our original request and our understanding of the Governor's decisions. We had originally asked that provisional license language be replaced with conditional licenses, but intended probationary licenses to be left as is. Restoring the paragraph is also consistent with the changes you made at our request to replace the word "provisional" with "probationary" in sections 50.49(10) (for home health) and 50.93(3) (for hospice).

2. Cross references to entity definitions. In various parts of s.50.02(3g), as created in the draft, refers to "an entity under s.50.01(1d)..." See for example draft section 19, p. 11. Should the reference be to s.50.02(1d)?

Y

3. Adult family home forfeitures. It appears that under s. 19 of the draft, adult family homes are not given authority to assess forfeitures. Was this the Governor's intent? (The Department of course prefer to give them the authority to assess forfeitures.)

DAK also added home hearth agencies - D-NOTE

4. The changes described in drafter notes 1-3 look fine to us.

Thanks for considering these comments; please contact me or Irene Temple with any questions.

>>> Mullikin, Melissa 01/22/01 01:24PM >>> Andy,

Here is the new ch. 50 and 51 draft. The Governor has decided to go with three of the five provisions DHFS requested. Please have the relevant program people and attorneys look at the language and respond to Debora's drafters note. Please do so by Wednesday noon and cc me when you respond to Debora.

Thanks much, Melissa

Melissa Mullikin Executive Policy and Budget Analyst State Budget Office 267-7980

----Original Message---From: Follett, Kathy
Sent: Friday, January 19, 2001 2:18 PM
To: Mullikin, Melissa
Cc: Kraus, Jennifer; Currier, Dawn; Hanaman, Cathlene; Haugen, Caroline Subject: LRB Draft: 01-1686/1 Forfeitures levied against facilities and treatment facilities

Following is the PDF version of draft 01-1686/1.